Lecture
ON
NATIONAL HEALTH.

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(*Concluded from p. 774.*)

III.—HOW THE FOUNDATIONS ARE STRENGTHENED.

If the foundations of national health be of the kind we have stated, and the causes which may sap them so general, so diverse, and so engrained in the nature of things, then the principles which have to guide mankind in maintaining the physical stability of nations cannot be less fundamental and extensive. Now we must not conceal from ourselves the fact that, if we except some eastern and some barbarian races, the whole history of mankind tells of two conditions—progress and decay. National hybernation is, in a low state of national life, perhaps possible; but the awakening is generally by the rude shock of a destroyer, who lives on the ashes of a race he came professing to revive. In four short years a whole tribe of North American Indians has died out under the advance of civilisation. There is nothing in history more solemn than this flowing and ebbing of nations. It were blindness not to see that civilised people, in the surging to and fro of modern material life, are bursting the barriers of all former experience. So entirely are the telegraph and facile transport modifying opinions, equalising the knowledge of distant States, and welding it into one world-wide public opinion, that the problems presented to the modern statesman are almost as new as when Roman law was being consolidated.

History would seem to teach that as long as love of conquest follows possession of power, and as long as the human frame consists of an intricate combination of tender organic tissue, so long physical changes may be expected from violent political movement; and waves of disease, whether cholera, syphilis, small-pox, black death, fever, or the diseases that follow, may sweep over the denser masses of mankind. One can neither contemplate without admiration the order of great modern cities, nor look without anxiety on their danger. How instructive—materially, morally, intellectually—is now the great drama of Western Europe, in which almost every virtue and every crime has been flashed before our eyes, as though to show how unstable still is the fabric of society.

There are four classes of persons who have the physical conditions of the nation more or less in their power: first the lawgivers; second, the physicians; third, the ministers of religion and teachers; and fourth, the people.

The lawgivers in a free country are almost limited to legalising public opinion, but may promote a wide or a narrow conception of the State, according to the type of their own convictions.

The physicians are the guardians of the public health, bound as much to prevent as to cure disease.

The ministers of religion and teachers are the instructors of the people, either knowing or not knowing what conduces to national health.

The masses of the people modify their own conditions by good or bad habits, physical, moral, and intellectual.

It is certainly not too much to say that, before the present century, public opinion—as depending upon people, ministers of religion and teachers, physicians, and lawgivers—was, as far as regards the public health, entirely below the necessities of mankind. This is at once proved by the alterations which we now know may be made to take place in the death-rate of armies and of towns by proper sanitary regulations, or the neglect of them. The question suggests itself, How the public opinion on this matter is to be raised to the best attainable standard? The modern answer is, By education.

But education itself must have a definite aim, and be based on an intelligent conception of the end to be attained, and the means of attaining it, whether they be physical, moral, or intellectual. One cannot contemplate without astonishment the spectacle of the three hundred millions of Chinese—a third of the human race—who have cohered, almost unaltered, for some thousands of years, with the stability of the crystal, without the growth of a living organisation. Compulsory education of a low kind seems to have effected this.* Education by a stereotyped method necessarily produces similar results in successive generations. In this Western world we have seen feudal rule gradually giving way to self-regulation by the people; obedience to self-government; empiricism to positive science; and hypothesis to knowledge of facts. Some would say, superstition is being replaced by reason, emotion and instinct by intellect, moral self-discipline by scientific knowledge. Be this as it may, the conviction is gaining every day more strength, that however true it may be that, as has been advanced above, the mind has influence over the body, it is as true that national health cannot be fully secured without strict attention to the material conditions in which the people are placed. This consideration has of late years occupied the attention of our statesmen. Regulations affecting trades, workshops, mines, shipping, dwelling-houses, have within twenty-five years reached such dimensions as to have a literature of their own. We have not, therefore, so much to discuss the necessity of this attention, as the principles on which, in immensely widening circumstances, it should be directed into practical results. Those principles mainly rest on the following considerations:—

That no individual should for his own profit poison his neighbour.

That the State must, in certain things essential for health, assist the masses in what they cannot assist themselves.

That the cost of permanent sanitary improvements should be borne in some reasonable proportion by posterity.

That compulsion of the ignorant in sanitary matters, when their ignorance injures society, is justifiable.

That compulsion will, we hope, be unnecessary when scientific education is adequately extended.

That good conduct, based either on knowledge or obedience, is as essential to health as is any physical arrangement which is not an actual necessary of life.

That in the present state of the world mischief-bringing ignorance in sanitary questions is especially inexcusable in the law-making classes.

That local government by the people, well-informed by a central authority, is essential to the physical education of the nation.

For the practical working out of these principles, legislators have to devise education worthy the name. Education depends on very complex questions, affecting the whole nature of man and the very structure of society. It is now thoroughly understood that the emotions, the will, and the mere action of the reason, affect not only individual organs, but the whole frame and the general health. Not only may individuals, if ill-educated, become virtually of unsound mind, but so may whole masses of people.

There is a "glory in the determined will" which produces vigorous bodily as well as vigorous mental action. You see it in the contour of the man. A perfectly trained nation, morally, intellectually, and physically, will act in its sphere as an individual so trained. It will respect and be respected.

We have seen in the dancing mania of the fourteenth century the extent to which, in a superstitious age, masses may be moved to *emotional* madness. Is it certain that, unconsciously to themselves, there may not sweep over nations equally contagious *intellectual* errors depending upon faulty morality? It is mainly a question for the psychologist and statesman, but it is also a question for the thinker on public health—what manner of life in the several classes of men and women, what labour, what recreation, what personal habit of body, conduces most to that tone of the nervous system which puts the nerve-power of each man at the best for the discharge of his duty as a citizen.

* There is no stranger chapter in statecraft than the history and practice of the competitive examinations in China. Sir Bartle Frere was so kind as to direct me to a photographic account of this in "Social Life of the Chinese," by Justus Doolittle, vol. ii., New York, 1865.

The worn-out man, the speculator, the vicious man, and still more masses of such men, become, from physical causes, intellectually and morally unfit to form a sound public opinion.

Now, a people is educationally affected by indirect nearly as much as by direct means.

Take a single and minor instance—the indirect educational effect of music on the children of a rural district. Music, like other things, is of two kinds—bad and good. It may be a source of foulness, disorder, degradation, impiety—even the Christmas carol may lead to the public-house, to folly, and to drunkenness; or it may, in Wordsworth's words, though rude in its kind, be

> "A true revival of the light
> Which nature and these rustic powers
> In simple childhood spread through ours."

We know how, through ballads and songs such as the "Wacht am Rhein," vigour is thrown into the hearts of a nation. So, also, pure and good music is a sure and powerful instrument for refinement when superadded to other intellectual attainment. In one aspect it is purely sensuous, and may, as with some refined Tyrolean singer, be pursued as a dexterous art or accomplishment. But even as *art* it may not be undervalued. It excites feelings of the warmest sympathy and admiration to hear the attained results of Leslie's choir, or such societies as now exist in many of our towns, where persons of every class and occupation show an advanced mastery and appreciation of the choice works of Handel, Mozart, Beethoven, Mendelssohn, and acquire a pure culture unalloyed by eating or drinking, or other frivolous ways; culture, moreover, not of a light kind, but one which ensures the development of certain mental qualities of accuracy, attention, precision, and refinement, which may be equalled, but not surpassed, by the exercise of other of our faculties.

The right care of the body is, therefore, such a management of the instrument by whose agency mental actions are alone possible here as that the body shall obey the inner spirit in its higher impulses. To this all philosophy tends, whether expressed by the conceptions of the "Republic" of Plato, the "Utopia" of More, or the "Atlantis" of Bacon. For this the Apostle of the Gentiles taught the duty of "keeping the body in subjection." This was the aim of the mistaken self-tortures of the astonishing Ascetics of Alexandria; of the yearnings of Comte; the manly teaching of the great English Physiological Text-book; of the labour of all labourers for public health; of Chadwick, of Southwood Smith, Shaftesbury, Farr, Rumsey, Trevelyan, Matthew. These all seek, in bettering the conditions of the body, to give free play to the divine element that is in the mind of men. We must not let ourselves be diverted from our great practical aim by the fascination of philosophic inquiry into the causes of things. What is the past history of man as compared with the well-doing of the present, for the sake, not of ourselves alone, but of those that are yet to come? What avail to us the virtues of feudal days if we neglect to cultivate their virtues in our own? Were the Crusades, indeed, a worthier end for man than the redeeming from destruction the bodies and the souls of the struggling millions of Ireland or London? Was there ever a nobler task for the energy of noble or prince than the harmonising relief by law with willing relief from the charitable heart*—than discussions on the terrible question now before the nation: whether it is best for the moral and physical health of the people that the law of Elizabeth should continue, though it annually costs nearly seven millions to maintain it; or whether it is best, with Chalmers, to throw on the voluntary alms of the rich the care of the poor? Do we concede the moral obligation of maintenance assumed by Elizabeth, and refuse to carry it into effect by law? or shall we divide the healthy from the sick, and grant to the sick what we withhold from the sound? If so, do we reasonably protect the sound from becoming sick when we leave them unaided in matters in which they cannot aid themselves?

Or again: Germany, and now England, have practically decided that their millions ought to be compulsorily educated—i. e., that their *minds* shall be disciplined. Have they yet concluded that, on the same broad principle, the body shall be cared for in all essentials for health, so as to give to the school a reasonable chance of doing its work? Take the case of the three essentials of life—food, air, water; (clothing, habitations, fuel, and work being minor necessities, depending chiefly on the exigencies of climate, may be omitted.) Is there yet a country which systematically punishes a man for wilfully or negligently poisoning another's food, air, and water, as well as for stealing his brushwood, turnips, or wild-fowl? But all old countries are being forced again to consider what are the elementary conditions of life, and are revising from various points the methods of adjusting them to the necessities of complicated civilisation; drawing lessons from all past experience, from the village communities of India to the land tenures of Scandinavia,* and applying them to the new and yet undeveloped conditions in which we find ourselves placed.

So, when we come to consider what is to be reasonably required of the Legislature under the circumstances which have been now stated, it would seem as though we had to describe what should be the whole internal economy of the State.

There is scarce a department of the State which is not connected with the public health. Wherever there is army or marine, school or factory, workshop or prison; wherever a town, a village, or a hospital,—there the State has to decide in what particulars the employer or the worker under him, the landlord or the tenant, the owner or the occupier, the vendor or the purchaser, the manufacturer or the consumer, shall lose his free agency and be forced to subject his will to that of the majority in the State. Legislation has been steadily progressive, though the progress in this country has been made under needless difficulty, and at unjustifiable expense. Local Acts for every conceivable purpose, voluntary associations for innumerable ends, have, after much agitation and labour, obtained remedies for evils, some of which ought not to have existed at all; some of which, existing lawfully, ought, on due compensation, to be abated. The authorities who should abate them are numerous, and often conflicting.

The laws, the arts, and the sciences on which the preservation of health depend, are growing up under the eyes of the present generation. If we are living on the verge of an epoch of great social difficulty, we are also living at a moment when there was never so great knowledge, never so bright a light, and never more patient desire in every class to set aside injustice, and discover the means by which opportunity may be given to the capable and industrious, help to the weak, and knowledge to the ignorant. Whoever has had experience of the public work of the country must know that the offices of our Government, concerned in these questions, have the hearty services of men whose labours and characters should be no less our admiration than our example. To omit to say this much would be unworthy and ungrateful; to name the persons would not become me. What, then, remains to be done? Two things, and two only.

First, to continue to interest, intelligently, the mass of the people in sanitary progress, and to interest them more systematically.

Secondly, to establish such a Health Department in the metropolis as shall with certainty appreciate the growing wants of the people, as shall bring in Bills to meet their wants, and shall disseminate information and advice without stint to every part of the country.

1. England must rule herself in this as in all other matters. The time is gone when people can be dragooned into cleanliness and virtue. We hear that the middle class of England is inefficient, the guardians of the poor bad, and the working classes ignorant. If so, still they are the people; they and their children pay the penalty of disease and of vice. Show them, truly and without exaggeration, the source of avoidable disease and of destructive vice; they will abate it. Bring the knowledge to their doors;

* Almost all the practical thinkers in this country seem to look at the relation of relief, whether legal or voluntary, to labour as a most urgent question. Notwithstanding the wise labours of Lord Derby, Sir Charles Trevelyan, Mr. G. M. Hicks, with a host of coadjutors, we must despair of any permanent work in this direction until the Ministry of Health and Relief has been established, as the pivot for combined operation. Sir Charles Trevelyan truly writes: "I am convinced more strongly than ever that there is no single specific for London pauperism; and that, if our metropolitan population is ever to be restored to an industrious, provident, independent character, it must be by a whole cycle of measures directed against all the influences which have reduced it to its present state." This remark equally applies to national health.

* See "Village Communities in the East and the West," by Henry Sumner Maine. 1871.

they have heart and will. Give the power by enactment, and the work is done.

Jeremy Bentham saw clearly the necessity of a Health Minister. The "talents specially required of him and his various subordinates" were to be: "Medical Art and Science in all its branches; Chemical Art and Science, all its branches; Mechanical Art and Science, various branches; Natural History, most of its branches; Geography, in so far as regards climate and temperature of countries which members of the community may have occasion to visit, either for war or trade."*

To him were to belong† all duties with respect to the medical functionaries serving under the *Indigence Relief Minister;* to the regulation of all hospitals, lazarettos, and public laboratories; the medical inspection of prisons, madhouses, edifices belonging to the service of the Indigence Minister and the Education Minister; of all "shops and storehouses in which drugs designed to be employed for medical purposes are kept for sale, or otherwise for distribution; more particularly with reference to the precautionary arrangements directed to be observed by the *Preventive Minister* relating to the sale of poisons"; so also as to the contents of all shops for chirurgical purposes, and "all medicines and drugs designed to be employed for medical purposes," and to be conveyed to the army service, navy service, or the Indigence Relief Hospital service.

He was also to see to the water-supply of towns, and to have "consideration of their extent and the density of their population," including the "quantity, quality, and proportionality of distribution." He was to have under review all such "situations as are liable to harbour or give rise to exhalations detrimental to health," such as "lands which, to whatsoever proprietors belonging, are habitually or occasionally covered with stagnant water"; mines, considered in respect of such dangerous gases as they are liable to contain; common sewers and drains; theatres, and other similarly crowded places of entertainment; places of interment; manufacturing establishments, as far as regards health. He will superintend the bills of mortality. He will report on mortality and diseases in the hospitals and establishments under the management of the army, navy, preventive service, indigence relief, and education ministers. Also he will elicit and record "from the several different places registers of the weather, in so far as habitually framed and preserved in the record establishments abovementioned; also from any other public sources from whence they may conveniently be procured, and from private sources, so far as procurable from those sources, with the free consent of the individuals interested." He is also to have "instructional" museums for showing the registrars' reports above referred to, and other objects. Moreover, the Health Minister is to be responsible for all examinations of aspirants "to those offices, the functions of which are exercises of the art of medicine in any of its several branches, and to whatsoever subject applied." To him "it will especially belong to be upon the watch against all injury to the health of the community, by the operation of particular interests in the breasts of medical practitioners at the expense of public interest; and, as occasion calls, to make report accordingly."

To the result of the exercise of these functions he is to give the utmost publicity that can be given consistently with a due regard to public economy, and the feelings of persons subject to the exercise of his functions.

Since Bentham's time the arrangements for the relief of the poor have become far more complete. A fashion now prevails among irresponsible persons of attacking this department of the State. The officials are hard, the laws are inefficient; or, on the other side, the officials are lax, and the laws breed pauperism. Instances are produced on either side. The fact is, the circumstance that every person in England is safe from starvation is a safety-valve in the working of a machine under high pressure; and the ubiquity of the staff of the Poor-law, acquainted with every lodging of the poorest, gives in the present day an organisation which is unequalled. Time would fail, nor is it needful, to state in detail the value of this machinery, if we are in earnest to secure prevention, as well as cure, of disease. Invest the guardians of rural districts with adequate power, give them the requisite knowledge, appoint persons to the office with special qualifications, and trust them, on behalf of the people, to do all that can be done for maintaining the national health in their district. Keep the medical officers informed of all established knowledge bearing on health functions; give them in the eyes of their fellow-men an honourable office; and a scientific and trained staff is at once to your hand in every corner of the nation. The arrangements for the great centres of population must be different. Special officers, still in connexion with the relief staff, must be retained, and relieved of all curative functions. Their number, and the conditions of their appointment, will vary with the wants of their district. They will be centres of all existing knowledge of preventive measures, and a means thereby of maintaining an interest in sound progressive scientific knowledge. They will, in this department, be as the parochial clergy of the middle ages, who were the local centres of the knowledge and culture of their day. In a Memorandum* contained in the second volume of the Report of the Royal Sanitary Commission, which I cannot name without recording the debt which is due to the energy, skill, and patience of Sir Charles Adderley, its chairman, is contained a sketch of the possible functions of such medical officers. They may seem to some excessive, and what once were called unpractical; but it is not hard to foresee the value of them, and what pleasure the discharge of them would bring to the neighbourhood, as well as to a medical man of culture in rural districts. He also would know that his public work was appreciated, and that, being part of a great national system, it would never be wasted. It is non-appreciation and sense of wasted effort, as well as want of guidance, which has made many a youth entering life discard the culture and aspirations of his student days, and let down his tastes, and sometimes his habits, to the level of the most uncultivated of his neighbours. In considering the bearings of this subject, the medical profession has to remember that, however indebted the world has been in past time to it for a large portion of its physical science, the day of exclusive possession by any class of the Ark of natural knowledge is gone by. The medical practitioner will often find, and every year more and more, a worthy match in biology among the laymen and ministers of his district. These will be his coadjutors or his critics, just as his own attainments and habits may decide. The modern student of medicine has little to dread from the competition.

I would refer to the report of the Sanitary Commission for details as to the medical officers of health, and their official coadjutors, as well as for discussions concerning the area over which they should act. The good working of the *local authorities* does not depend entirely upon their constitution. Bentham evidently relied on the *central authority* for regulating and instructing the local executive. The Bill introduced by Mr. Goschen arrived at the same result. By Part 6 and a few clauses in Part 8 of that Bill, the central authority was to consist of a minister, who should preside over the public health, relief of the poor, and all local government connected therewith. The subjects now distributed through various offices would be united under the direction of this minister. It is a misfortune that in consequence of being linked with the complex and difficult cognate question of incidence of local taxation, the clauses which would have made the strong central health office were withdrawn with the fiscal portions. They were not necessarily connected. The executive, indeed, once remodelled, would have fresh powers to adjust further detail. It would be wholly premature, if it were becoming, here to inquire into the detailed construction of the office of the Health Minister. Suffice it that when that portion of the Bill has passed, the prevention of disease and the promotion of national health will take equal rank with the first preservative functions of the State, and everything else connected with the office and its executive will fall into place.

The office will start with a staff connected with every spot in the country. The kind of complementary aid, and the extent of aid which the office may require, will be quickly discovered, and all that is valuable in the functions described in Bentham's crabbed system will be performed. In connexion with these functions it may not be out of place to quote from the Memorandum of the Sanitary Commission the following details:

Under the minister there would be sub-departments for—"a. Law of local government. b. Engineering. c. Regis-

* Jeremy Bentham, Works, by Bowring, vol. ix., p. 273. † Ibid., p. 443.

* See Appendix A.

tration and statistics. *d.* Relief of poor. *e.* Medical care of public health and poor. *f.* Legislation bearing on the profession of medicine.

"III. A body of inspectors attached to the Health Office. These are to be of two kinds, as at present, with a third body of consulting experts. 1st. General inspectors attached to, and generally residing in, the 'registration divisions,' 'poor-law districts, or (as they will also be) 'public health areas.' 2nd. Special inspectors—viz., legal, engineering, scientific, and medical. 3rd. Special experts, whose names should be attached to the office, and who should advise professionally on special points for special fees, such persons to be appointed for five years, and to be re-eligible. 4th. There will be required local clerks of unions, and of town councils, local surveyors under local boards and unions, local public health (medical) officers of local boards, unions, parishes, subordinate executive officers.

"No office now existing need be destroyed. Some will be amplified. A few more clerks will be required at the Central Office, and an arrangement made for obtaining special advice when needed, in aid of the permanent staff of the office, and of the inspectors.

"The advantages are many. Not only will the plan be efficient and complete, but it will be economical. The work of the Local Government, Law, and Engineering departments, of the Registrar-General, of the Poor-law Board, of the medical adviser of the Privy Council, will be harmonised, and will never be chargeable either with unnecessary repetitions or with omission, as at present. So also neither money nor skill will be wasted.

"All reports bearing on public health will be connected one with the other, mutually illustrating each other. They will cover the whole ground of the science of prevention of disease, which has become both so important and serious for the well-being of old and densely-peopled countries. The connexion of the office of the Minister of Health with the medical profession, 4000 members of which would be in direct relation to him, would in itself be beneficial to the whole country. It would disseminate established scientific knowledge uniformly through the country districts, affecting not the medical man only, but the clergy and the schools, doing in that way alone as much at least as direct legislation for the same purpose could do. It would bring to light in every corner all that could be advanced as bearing on the physical condition of the masses of the people, while all crude theories or impracticable plans would instantly fade before the experience of the Central Office.

"The publications of the statistical department would exhibit what could be shown of the progress of sickness. They might give also useful deductions from local meteorological and scientific observations, in connexion with those of Kew, the Government Meteorological Office, the Meteorological Society of Scotland, and such private enterprises as those of Mr. George Symonds on rainfall. They would furnish data for sanitary maps, which can only be of any worth when carefully constructed on rigorous local knowledge, and they would in time get rid of the fallacious application of conclusions deduced from averages, and erroneously applied to particular places or instances. In this way, the real causes of variation in death-rate would be more surely ascertained than at present.

"Great encouragement should be given to the local public health officers to send in any observations which would promote the progress of accurate knowledge.

"The British Public Health Reports thus constructed, printed in an uniform 8vo form, stitched in five parts—legal, statistical, engineering, medical (including medico-legal), and general papers of inspectors,—would be a series of great value. The Central Office should immediately on the first issue of the collected series make arrangement for regular interchange with all foreign countries of similar reports, according to the established usages of academies. These documents should be accessible for reference in the public health library of the minister to all persons connected with the department.

"Public Health laboratories should be maintained or aided by grants from time to time. In them not only points bearing on the general pathology of man and animals would be from time to time investigated under the best guidance, but persons would be trained to be thoroughly qualified in all medico-legal questions. Hereby some of the scandal of ex-parte scientific witnesses might be checked or removed. Such laboratories should be aided or maintained as well in the metropolis as in some of the great towns where scientific institutions and medical schools exist—e.g., Oxford, Cambridge, Birmingham, Leeds, Newcastle, Bristol. These centres are conveniently situated for various sections of the kingdom. From the state-aided laboratories the inspectors would obtain analyses of waters, or, in disputed cases, of any substances requiring examination."

The following passage also demands special consideration:—

"In giving a judgment on the question of State organisation relative to public health, much of the general tenour of modern legislation with respect to our internal economy should be present to the mind. It must therefore be remembered that those who will be responsible for local sanitary administration will have collectively, if not individually, to administer Acts bearing on the following subjects:—

"§ 10.—1. Plans bearing on sanitary engineering or on local government—i. e., drainage, sewerage, water-supply, baths and wash-houses, nuisances, offensive trades, smoke, public places of recreation, streets and roads, buildings, cellars, and lodgings, burial-grounds, mortuaries, appointments of officers, artisans' dwellings, labourers' dwellings. 2. Care of personal health and safety—i. e., health in factories and workshops, mines, bakehouses, dangerous occupations. 3. Regulation of quality of food—i. e., adulterations, markets, diseased cattle, slaughter-houses. 4. Medical—i. e., prevention of disease, epidemics, endemics, syphilitic disease, small-pox (vaccination), quarantine, lunacy, hospitals (whether, first, rate-supported, such as workhouse hospitals or hospitals under local boards; or, secondly, voluntary; whether general or special, endowed or subscriptional, county or small village hospitals, or hospitals for the insane) and prisons, sale and adulteration of drugs, poisons, supervision of reports of officers of health. 5. To which must be added medico-legal arbitration."

An important step has been recently taken by Dr. Stokes, the Regius Professor of Medicine in Dublin, and his colleagues. They have instituted an examination with the view of granting a diploma in the subjects bearing on national health, or, as it is sometimes called, State medicine. This examination, of which full particulars are given at the end of the present essay, will comprise certain parts of law, engineering, pathology, vital and sanitary statistics, chemistry, meteorology, and medical jurisprudence. That such opportunity of systematically learning what is essential to the maintenance of the national health should be now given by Trinity College, Dublin,* does great honour to that enlightened body. It is to be hoped that ere long a learned compendium of the required knowledge will issue from the Irish press. Anyone who has studied this subject knows, that in consequence of the labours of Parkes, Simon, Farr, Seaton, Glen, Rumsey, Rawlinson, Stewart, Tom Taylor, A. S. Taylor, Christison, Miss Nightingale, the London, Liverpool, and Glasgow Medical Officers of Health, and in other countries, Quetelet, Pettenkofer, Michel Lévy, Hammond, Bowditch, Derby,† and other persons, have amassed so much valuable matter, that the time is come when selection and abridgment are indispensable for the guidance of the student.

I must apologise for the length to which these simple thoughts have led me. They are uttered now because the

* See Appendix B.

† The following works by the above-named authors may be referred to:—Parkes, E. A.: "A Manual of Practical Hygiene, prepared especially for use in the Medical Service of the Army." 3rd edit. (London, 1869.)—Simon, J.: "Reports of the Medical Officer of the Privy Council. 1858-70."—Farr, W.: "Yearly Reports" in Registrar-General's Reports.—Seaton, E. C.: "A Handbook of Vaccination." (London, 1868.)—Glen, W. C.: "The Law Relating to the Public Health and Local Government in Relation to Sanitary and other Matters." 5th edit. (London, 1869.)—Rumsey, H. W.: On State Medicine in Great Britain and Ireland." (London, 1867.)—Rawlinson, R.: Various Government Reports.—Stewart, Dr. A. P., and E. Jenkins: "The Medical and Legal Aspects of Sanitary Reform."—Taylor, Tom: Various Government Reports.—Taylor, A. S.: "Principles and Practice of Medical Jurisprudence." (London, 1865.)—Nightingale, Florence: Various Sanitary Works, especially in India.—Quetelet, A.: "Physique Sociale, ou Essai sur le Développement des Facultés de l'Homme." 2 vols. (Bruxelles, 1869.) "Anthropométrie ou Mesure des Différentes Facultés de l'Homme." (Bruxelles, 1870.)—Pettenkofer, M.: "Die Cholera und die Bodenbeschaffenheit in der k. k. Oesterreichischen Provinz Krain." (München, 1861.)—Michel Lévy: "Traité d'Hygiène Publique et Privée." 5th edit. (Paris, 1869.)—Hammond, W. A.: "A Treatise on Hygiene, with special reference to the Military Service." (Philadelphia, 1863.)—Bowditch and Derby: "Reports of the State Board of Health of Massachusetts."—Many of these authors have contributed far more than is here named.

time is certainly come when we must all endeavour, in our yearnings for the material improvement of our people, thoroughly to comprehend the fundamental and combined laws of physiological and social science on which our nature rests. Their complexity depends chiefly on the mutual action or reaction of matter and of mind in individuals, together with some superadded perturbation of civilised life, from which the savage is exempt.* The laws of our material nature are as absolute as those of the unreasoning brutes. But in some particulars they are entirely subject to our will, which is not the case with any other creatures. It cannot be said, indeed, of the past life of the human race—

> "Old age and experience, hand in hand,
> Lead it to death, and make it understand,
> After a season so painful and so long,
> That all our life we have been in the wrong."

But this nevertheless is true, that historical and political experience, combined with the intercommunication of ideas by telegraph and of persons by steam, is changing the conception, the conditions, and the future of humanity, whether for good or for evil, with wholly unprecedented rapidity; and this is so, not in one country, but surely and steadily through the whole world. It is quite certain that education, acting with political causes, will modify the structure of old countries. It is quite certain that education, if possible without due attention to the material conditions of the people, will add to mental suffering the physical. The modifications in the material state of man will be happily effected in proportion as they coincide with the laws of the universe, or run athwart them. Every attempted rebellion against their spiritual or material conditions will necessarily end in certain and deep disaster to the rebellious race. Our sanitary regulations must be based on a right comprehension of these laws; on a conviction that material advantages, though essential for man, are not all; that material comforts will not remedy the results of immorality; and that wisely-devised sanitary arrangements, the attainment of which, even by compulsion, has not yet been achieved, would in all probability be spontaneously carried out by an educated, free, and God-fearing people.

* See Ruggles, op. cit., Letter I.

A Course of Lectures
ON
DISEASES OF THE BREAST.

Delivered at the Hospital for Women, Soho,

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LECTURE II.

THE SIMPLE TUMOURS OF THE BREAST.

GENTLEMEN,—In my last lecture mention was made, incidentally, of collections of milk occasionally occurring in the ducts or sinuses around the nipples, and commonly known as lacteal tumours, the treatment of which is sufficiently simple. There is, however, another and more serious form of cyst in the breast containing milky fluid or its remains, which is occasionally met with, and which is known as *galactocele*. These milk-containing cysts occur during lactation, and undoubtedly depend upon obstruction and dilatation of one or more of the milk-ducts in the substance of the gland. They are slow in progress, and may exist during many months before they come under the notice of the surgeon; and there seems little doubt, from the researches of M. Forget, that, when of large size, the over-distended tube gives way, and the wall is formed by the breast-substance. The tumours present all the ordinary signs of fluctuation, &c., when of large size and near the surface; but are very difficult of diagnosis when deeply seated. The size they may attain to is well shown by one of the earliest cases on record—namely, that of Scarpa,—in which the tumour measured more than thirty inches round, and gave exit to ten pints of milk when punctured with a trocar. The contents of a galactocele may not, however, always be fluid milk; for a process of absorption of the watery portion of that fluid occasionally occurs, and a creamy or even cheese-like mass is consequently left, of which last an example is to be seen in Guy's Hospital museum.

The treatment of the simple collection of milk around the nipple is to lay it open, and the same treatment will be most effectual in the case of the other form of galactocele, if near the surface. If deeply situated, however, it will be well to try the effect of an oblique puncture with a trocar and canula, by which the contents will be evacuated; when possibly, as suckling ceases, the cyst will heal up. Extirpation of the cyst is the last remedy.

Quite irrespective of lactation, however, cysts may be developed in the breast; and though occasionally single, they are more often extremely numerous, and are scattered through the gland, as may be seen in the specimen before you. In considering the pathology of these cysts (the sero-cysts of Brodie, or the improperly called hydatids of Cooper), we find almost as much contradiction between observers as on the allied subject of cysts in the kidney. You will remember that two opposite theories are held with regard to renal cysts, Rokitansky and Simon maintaining the formation of these cysts from an enlargement of the cells or primary anatomical elements of the kidney, whilst George Johnson and Gairdner uphold their formation from obstructed ducts only. In the same way Birkett maintains the formation of cysts of the breast by obstruction and dilatation of the minute ducts, whilst Broca strongly upholds the formation of new cysts in the substance of the gland itself, and Virchow believes in both methods of formation. Mr. Birkett believes that, a duct happening to become obstructed, the walls become dilated or varicose, whilst the portions of the duct between the dilatations become contracted and eventually obliterated. The tortuosity of the ducts would thus account for the numerous and closely adjacent cysts so often seen, and the different angles at which the ducts would be cut in a section of the gland would account for the difference in the shape of the cysts. On the other hand, M. Broca ("Traité des Tumeurs," ii., p. 84) maintains that all the cysts, whether large or small, are independent of the ducts, and that were they derived from the ducts the smallest cysts could not have the completely spherical form which is common to them, but would be more or less tubular or ellipsoidal. M. Broca allows, however, that the larger cysts may be due to obliteration of the ducts, and I think the point already mentioned with regard to the angle of section of a tube may explain the globular appearance of the small cysts. Most museums contain specimens of the disease, and the illustrations given in the plates of Sir Astley Cooper's work, which is before you, sufficiently elucidate the subject, although all forms of cyst were erroneously classed together by that eminent surgeon under the term "hydatids."

I am inclined to think that, whatever may be the origin of the numerous cysts which are found scattered through the breast, there can be no doubt that the large single or multiple cysts found in the neighbourhood of the nipple depend originally upon an obstructed duct; and hence the term "duct-cysts" given by Mr. Birkett in his recent essay in "Holmes's System" is an excellent one. That these cysts are true duct-cysts is proved by the fact that frequently by the exercise of gentle pressure some of the fluid may be forced out from the nipple, or may even flow from it spontaneously. This fluid is usually of a viscid, mucoid character, and varies in colour from straw-colour to a greenish-brown. The progress of the tumour is slow and painless, and, if near the nipple, the diagnosis of fluctuation is easy; but if the fluid is deep, and therefore difficult of recognition, recourse should be had to an exploring trocar or needle in order to clear up the doubt. It is to be borne in mind that cysts occasionally coexist with cancerous tumours, and therefore the presence of fluid or its extrusion by the nipple is not a certain proof of the innocent character of the disease if there is a distinct tumour left when the

cyst has been emptied; or cancer may develop in a breast the subject of cystic disease for many years, as in a case recorded by Mr. Erichsen.

The treatment of these duct-cysts is unsatisfactory, unless complete removal of the cyst is performed. Last autumn I attended, with Dr. Whitmarsh of Hounslow, a case of the kind in the breast of an unmarried patient who had been subjected to a variety of treatments, including injections and laying open the cyst, without benefit. I dissected out the cyst, and then found that its interior was lined with long papilliform growths of granulations, the result, no doubt, of irritation, but which effectually prevented any contraction or closure of the cyst. When the cysts are numerous, amputation of the breast will be required.

The *sero-cysts*, so well described by Sir Benjamin Brodie, may be found in any part of the breast, and are of very variable size. They are well represented in Plate 1 of Sir Astley Cooper's "Illustrations of Diseases of the Breast," and are also seen in the preparations before you. The fluid contained in the smaller cysts is generally viscid and gelatinous, though clear; but in the larger cysts it is usually serous and limpid; and the evidence of fluctuation when near the surface is more distinct than in the case of the duct-cyst. Even in the smallest cyst a distinct epithelial lining will be found, and Broca relies upon this fact as conclusive of the fluid accumulating in a glandular cavity. When the cysts become much enlarged, the epithelial lining ceases to be continuous, but evidences of its existence are always present. The progress of the disease is slow and painless as a rule, and it may subside altogether under treatment. This consists in the ordinary discutient applications, such as iodine, iodide of potassium ointment, &c., or the lotion of camphorated spirit and lead recommended by Brodie. If the skin over the cyst becomes thinned, evacuation of the cyst should be performed, when, if it does not close, it may be removed, or, in the case of numerous cysts, the breast must be removed.

The true *hydatid cyst* is of rare occurrence in the breast, Sir Astley Cooper giving only one real and one doubtful case, and Mr. Birkett having seen but two examples. The parasite is the ordinary acephalocyst, containing numerous echinococci floating in clear fluid, and is usually single. There are no means of distinguishing this from any other cyst, except by a microscopic examination of the fluid, when the characteristic hooklets of the echinococcus would be readily identified. Removal of the cyst (of which a drawing is given by Sir A. Cooper), and even removal of the breast itself, has been practised in these cases; but seeing how effective experience has shown the simple operation of tapping the cyst to have been in destroying the parasite and causing shrinking of the cyst in the case of the liver, it is not unreasonable to suppose that similar good results might follow a simple evacuation of the contents of the cyst in the breast; and I should certainly give the plan a trial in any case of the kind that came before me. In the museum of the Middlesex Hospital is a specimen of hydatid cyst which occurred in the practice of Mr. Mitchell Henry, and was found between the breast and the pectoral muscle, and adherent to both.

Sero-cystic sarcoma was the name given by Sir Benjamin Brodie to a form of disease which he first accurately described, although it is doubtless the disease referred to by Sir Astley Cooper as one of the forms of "hydatid" tumour of the breast. According to Brodie the disease begins by the formation of a cyst containing serous fluid, from the interior of which a solid growth takes place filling up the cavity of the cyst more or less completely. By the gradual development and pressure of these intra-cystic growths, the skin covering the tumour may become thinned and ulcerated, and eventually a fungoid growth may protrude. This filling-up of the cavity is, however, by no means of constant occurrence; and not unfrequently large cysts are found in connexion with sero-cystic sarcomata, as in the drawing I show you from Sir A. Cooper's "Illustrations of Diseases of the Breast." This intra-cyst growth has been accepted by Mr. Paget as the correct explanation of tumours of the class described by Brodie; but he has put them under the heading of "proliferous mammary cysts," and has variously described the contents according to their shape, size, and colour. These growths are generally allowed to be glandular in their origin; though in some cases, according to Paget, it is impossible to verify this fact microscopically. The researches of MM. Verneuil and Broca have, however, thrown some doubt upon the theory of the cystic formation of these tumours, as also of the denser form generally recognised as the chronic mammary tumour, of which I shall have presently to speak. According to these authors the glandular nature of the growth within the cell is undoubted; for the pedicle by which it is attached in all cases to the gland contains evidence of glandular continuity, under the microscope, in the form of long and straight tubes, filled with epithelium. They would, therefore, regard the disease as a variety of *adenoma*, or true glandular tumour, and the cyst as an accidental addition. The fact that, in many cases of sero-cystic sarcoma, the cyst is out of all proportion to the growth, may be held to support the latter view.

Fortunately for the practitioner, whatever may be the true pathology of the disease, its course and treatment are sufficiently ascertained. A disease of adult life, and most frequent in married women, cystic sarcoma is a slow-growing and generally painless affection, giving evidence of the existence of fluid at various parts. The size to which the tumour may develop is well shown in the drawing before you of a patient from whom I remember seeing Sir William Fergusson remove a breast weighing 19 lb., and whose likeness is given in his "Lectures on the Progress of Surgery." The fungous protrusion through the skin seen in her case is one of the common features of the disease in its later stages, and this doubtless led many of the older surgeons to confound this growth with other forms of fungus under the common term "fungus hæmatodes." The cystic sarcoma is not, however, a cancerous disease, although it may prove fatal by exhausting the patient's strength and vital powers; there is in connexion with it no infiltration of the lymphatic system, nor any secondary deposit. At the same time, it cannot be denied that cystic sarcoma has a tendency to recur, as in the case of Sir William Fergusson's already referred to, and in a case recorded by Mr. Cæsar Hawkins, where recurrence took place eight times. This recurrence is in all probability due to the increase and growth of some minute portion of the original growth which has escaped detection at the time of the operation. The obvious treatment, therefore, is to remove the entire breast in these cases, for nothing less will relieve the patient permanently.

I pass on now to a form of tumour of the breast, the glandular structure of which is generally admitted—the *adenoma* or *adenocele*, more familiarly known as the *chronic mammary tumour* of Sir Astley Cooper. This is usually an affection of early life—i. e., between eighteen and thirty years, and occurs more frequently in the single than in the married woman. The tumour is often traced, or supposed to be traced, to some slight injury to the breast, the patient discovering a growth in the organ soon after having sustained some blow on the part. The pathology of this form of tumour is well ascertained, and it consists in a local hypertrophy of one of the lobules or *acini* of the breast, microscopic investigation showing a development of the true gland tissue, and engorgement of the minute tubuli with epithelioma. At the same time there is a varying development of the fibrous or connective element, and thus some of these tumours in the Hunterian Museum were originally described by Paget as "fibro-cellular," on account of the disproportion of the connective to the glandular structure; whilst Broca describes as a separate class the "adenoma with predominance of stroma." According to Paget, the adenoma is developed from the interior of a cyst; but he remarks that "if all the mammary glandular tumours are of intra-cystic origin, it must be admitted that many of them very early lose the cystic form, and continue to grow as solid masses, for we find them solid when very small." The more recent researches to which I have already referred throw doubts, however, upon the intra-cystic development of these tumours; and as their close connexion with the true glandular structure of the breast is undoubted, though to some extent encapsuled, they are probably not cyst-growths. The progress of the tumour is slow, and for the most part painless, and would probably attract but little attention were it not for the fear of cancer of the breast so constantly present to the female mind. Although generally single, more than one adenoid tumour may occur in the same breast, as in a single woman now under my care, in whom there are three small tumours at the lower part of the breast. Adenoid tumours have been

met with large enough to weigh ten pounds; and occasionally, after being stationary for years, they undergo a sudden and rapid increase. When of large size they are apt to undergo a process of softening, and then, should the skin give way, an outgrowth or fungus may protrude, identical in its nature with the benign fungus already mentioned in connexion with sero-cystic sarcoma.

The diagnosis of this chronic mammary tumour is most important, and in many cases difficult. Undoubtedly, many cases of adenoma have been taken for scirrhus, and many of the vaunted cures of cancer depend in all probability on a similar mistake in diagnosis. The youth of the patient (for cancer of the breast is rare before thirty, which is the favourite period for the simple tumour), the mobility of the growth, the absence of the stabbing pain so characteristic of cancer, the healthy and non-retracted condition of the nipple and neighbouring skin, are all in favour of the adenoma. Another diagnostic sign of some value is the occasional occurrence of a sero-sanguinolent discharge from the nipple when the tumour is situated near that part; but, as already mentioned, this occurs in other growths besides the glandular tumour. The occurrence of cysts in connexion with adenoid tumours must not be lost sight of, and their occurrence would render the diagnosis of a simple tumour more easy.

The appearance of these glandular tumours soon after the establishment of the menstrual function, and the undoubted fact that they not unfrequently disappear after marriage, during pregnancy, or during lactation, point to some intimate connexion between the occurrence of these growths and the state of the uterine functions; and experience shows that the two organs, the breast and the uterus, have much in common. A transitory hardness and swelling of the breasts is not at all uncommon at the period of puberty, when the menstrual function is first established; and we find a few years later that the same sympathy exists. Patients suffering from adenoma of the breast will be found, on inquiry, to be often irregular, and frequently to be suffering from dysmenorrhœa or from some congested condition of the womb. A patient now under my care, who was sent to me for a supposed scirrhous tumour, which, however, was a rather hard adenoma, is suffering from retroflexion of the uterus, and her breast and uterus are returning to a healthy condition *pari passu*. This is not the time to enter into the treatment of uterine affections; it will be sufficient to say that your attention must be directed to them, and not concentrated solely on the breast.

With regard to the treatment of a tumour of the breast, one great point is to protect it from the anxious inspection and manipulation of the patient, who is apt to keep up constant investigation in order to ascertain its growth or diminution. In recent and slight cases of glandular enlargement, therefore, I simply employ a piece of belladonna plaster to cover the growth and the healthy tissue around it for a short distance. This should not be removed oftener than once a week; and, if persevered in for a few weeks, during which the general health and uterine functions are looked after, no further treatment may be required. Should the disease be of longer standing, however, it may be necessary to apply absorbents directly to the tumour, and for this purpose I prefer the iodide of lead ointment to any of the preparations of iodine, which last are apt to irritate the skin. The ointment may be conveniently applied beneath an opiate plaster spread on leather, and over it pressure may be applied either by bandage or strapping, a pad being used over the growth itself. A convenient method of applying pressure with plaster is to use two straps, one a little wider than the other, and, having fixed them on opposite sides of the breast, to pass the end of the narrower one through a cross slit in the other, so as to make pressure on the tumour when they are drawn together. Another good plan is the "dove-tailed strapping" described by the late Mr. Maurice Collis, the two straps being cut so as to fit into one another, as shown in the specimens before you.

The good effects of continued pressure in cases of adenoma are undoubted; and in many cases of small size absorption will be produced, and in others a diminution of the tumour may be effected, though it does not follow that the growths may not enlarge again. It is the glandular element which is principally affected by this and other forms of treatment, and a small, hard mass, sometimes left after successful compression, is composed almost entirely of the fibrous stroma of the tumour. Hence, also, the harder and more fibrous forms of adenoma are unsuitable for compression treatment.

When an adenoma is increasing in size, or even when stationary if it is painful and worries the patient, excision is the best remedy. The operation is a simple one, for it is only necessary to remove the growth, and not the entire breast; and if the tumour be carefully fixed with the fingers, so as to render the skin tense, a simple incision carried down to it at once will allow the mass to be readily enucleated without injury to the breast, if sufficient traction with the fingers or forceps be made on it. The wound usually heals readily, and the patient is at once relieved of her burthen.

The *irritable breast* of Sir Astley Cooper includes two forms of disease: one, where there is neuralgia of the breast without any tumour; and the second, where a painful tumour exists. In the former class the neuralgia depends in all probability on constitutional causes, and may be connected with the uterine function; and appropriate general treatment must be adopted. In these cases it is not unusual to find a general slight induration of the breast, but no distinct tumour. The cases of painful tumour are for the most part examples of chronic mammary tumour which have become painful; but other diseases of the breast of a simple character occasionally display the same tendency. The treatment for a painful adenoma would be the same as for the ordinary form of the disease—viz., sedatives and compression; but should the pain remain persistently, an early removal may be advisable. The possible occurrence of a neuroma or painful subcutaneous tubercle on one of the filaments of nerve in the mammary region must not be entirely overlooked, though its occurrence appears to be exceedingly rare.

In addition to these, which may be termed the common tumours of the breast, there are a few others occasionally met with. Thus, a true fibroid tumour of the breast is occasionally found; and so also the fibro-cellular tumour, of which a good example is recorded by Mr. Bryant in the Pathological Society's Transactions, vol. xix. A recurrent form of fibroid has also been met with in the breast; but of this I shall speak in connexion with the cancerous growths.

Another form of fibrous disease is that described by Virchow as diffuse fibroma of the breast, or, as it has otherwise been called, benign induration of the breast. This consists in at first a painful enlargement of the whole organ, followed by a contraction of the interstitial fibrous tissue and atrophy of the breast-substance. Virchow compares this to the interstitial inflammation met with in the lungs, liver, and kidneys, and figures a section of a kidney with white fibrous masses in it. Now, we have learnt of late years, and chiefly from the labours of Dr. Wilks, that fibroid deposits in various organs are the result of syphilitic infection, and I am inclined to think that this condition may occur in the breast.

Since writing the above, I have found that, though English authorities are silent upon the subject of syphilitic disease of the breast, yet it has been recognised in France for some years. Lancereau, in his work on Syphilis (Sydenham Society's translation, vol. i.), recognises two distinct forms of syphilitic disease of the breast—the diffused or *syphilitic mastitis*, and the circumscribed or *gummy mastitis*. An Italian surgeon, Dr. Ambrosoli, has also described three cases of the diffuse form of the disease. The gummy tumour of the breast is liable to be confounded with adenoma, and has no doubt been removed for it. A specimen removed from a man by M. Verneuil resembled in its structure a softened encephaloid growth, and exuded a creamy fluid on pressure. Fortunately, in most cases of the kind, the formation of similar tumours in other parts of the body would assist the diagnosis; but where there is evidence of infection of the patient's system (and, for myself, I always believe in such an infection where there is a history of frequent abortions, even without other evidence), a trial should be given to the administration of the iodide of potassium in large doses, and the local inunction of mercurials.

A still rarer form, or at least little recognised form of disease in the breast, is the *myroma*, or mucous tumour of Virchow, a soft gelatinous growth, often confounded, no doubt, with colloid disease.

ON SOME DISORDERS OF THE NERVOUS SYSTEM IN CHILDHOOD.

Being an abstract of the Lumleian Lectures for 1871, delivered at the Royal College of Physicians.

BY CHARLES WEST, M.D.,
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LECTURE III.

IN his third lecture Dr. West discussed the subjects of Impairment or Loss of the Power of Speech and the Mental and Moral Peculiarities of Childhood. The date at which children commence talking varies greatly, often without the cause being apparent. First children talk later than those born into a large family, from the want of the instruction and example afforded by the elder children. Girls talk at an earlier age than boys. Tardy acquirement does not always indicate bad intelligence; the pantomimic skill may be so cultivated as to render the quick child comparatively independent of speech. It is not easy in early childhood to determine the existence of congenital deafness. Almost unconsciously, nurse and parent accompany words with signs, and the child notices the latter when it cannot hear the former. Deafness isolates the child and retards the mental development; and the question usually to be decided is whether the child is dumb because it cannot hear or because the intellect is deficient. The decision is rendered more difficult by the circumstance that the deafness may not be complete; and either complete or partial deafness usually renders the child wayward, disobedient, and passionate. Except cases of the lowest degree of idiocy, inability to talk is a rare attendant on that condition. Ceaseless chattering is more characteristic than difficulty of speech; the idiot has more words than ideas. The backwardness in speech which often accompanies the general retardation of rickets often causes great uneasinesss to parents; but if the condition of the child fairly corresponds to an earlier condition of life—if it grasps with the hands, carries objects to its mouth, notices light and sound, expresses pleasure and pain in a tone variously modulated though not articulated,—we may give an assurance that speech will certainly follow.

Stammering is unknown in children before the second dentition, and is exceedingly rare among the children of the poor even at a later age. It comes with the nervousness, self-consciousness, and highly-wrought nervous system of the educated classes. Stammering in speech is nearly allied to chorea in movement, and chorea is usually associated, at some period, with imperfect speech. This is not surprising, since the disordered movements often involve the muscles of deglutition, some of which take part in many of the articulatory movements. But the power of speech is sometimes affected in a degree out of proportion to the severity of the muscular movements, and sometimes the memory of words seems almost gone. In these cases there is much interference with the mental powers.

In the loss of speech and mental weakness after fevers the assurance of recovery may be unhesitating. Dr. West has only known two cases which persisted; in one there was complete loss of the power of hearing, in the other it was part of the shock caused by the fever, which disordered hopelessly some of the mental powers. Several cases have come under notice of temporary loss of speech following on the cure of some apparently trivial ailment, such loss being accompanied by more or less general disorder of the nervous system, the subsidence of the latter preceding somewhat the return of the former. The power is absolutely lost for a time, and returns completely. These cases are of much more frequent occurrence in the child than in the adult. Of true aphasia, as Trousseau describes it, Dr. West has only seen one case, in a girl of five years of age. It accompanied a right hemiplegia, which came on with a fortnight's coma. At first she could only utter "da;" after some months she was able to modulate that monosyllable, and at the end of two years she had acquired a small vocabulary.

The mental and moral peculiarities of the child differ much from those of the adult, and have received far less attention than they deserve. The child lives in the present rather than in the future. His perceptions are more vivid, and his sensibilities more acute, while the world on which he has entered surrounds him with daily novelties; and, lastly, he has less self-consciousness, less self-dependence, lives as a part of the world by which he is surrounded, a real practical pantheist. Hence, to keep the sick child happy, to remove all avoidable causes of alarm, discomfort, and suffering, to modify treatment so as to escape a possible struggle with its waywardness, and to look at death, if coming, from a child's point of view, are duties of the gravest kind.

ON PAIN, AND SOME OF THE REMEDIES FOR ITS RELIEF.

BY WILLIAM DALE, M.D. LOND.

(*Concluded from p. 741.*)

THERE remains for our consideration but one more medicine, which, lately discovered, as to its remedial value, by Dr. Liebreich, a German chemist, possesses most marvellous soporific powers, and bids fair to rival even opium itself. I refer, of course, to *hydrate of chloral*, or *chloral hydrate*—for it is known by both these names. Hydrate of chloral, since its introduction to the notice of the medical men of this country, has been spoken of in terms of the highest praise by those who have employed it in practice. It is said to be, and so from observation I should reckon it, simply soporific in its action; that is to say, it is not anodyne, like opium and some of the medicines I have named, but it produces sleep notwithstanding the presence of pain, as in cancer, neuralgia, &c.; and as it does not cause headache, nausea, syncope, and other injurious effects of opium, it is to be preferred in those cases where its use is likely to be long continued. I wish to remark, however, that in THE LANCET of Feb. 10th, 1871, chloral hydrate is called an anodyne in doses of seventy-five grains: but what this means I do not know. In cancer; in neuralgia; in the insomnia of phthisis, either at its commencement ori ts close; in the distressing state which sooner or later results, in most cases, from asthma, and which has been described; in the insomnia of nervous people; and in tetanus and spasmodic diseases generally,—chloral hydrate promises to be an invaluable agent. Mr. Weeden Cooke, surgeon to the Cancer Hospital, London, thus speaks of its use in cancer:—"With the greatest faith, with ardent hope, I have worked conium by itself, in combination with hyoscyamus, with belladonna, and conjointly with bark throughly, and I still use it advantageously in some cases; but I regret to say it does not supply the need. It does not give relief from pain without disturbing the digestive process; neither does belladonna or hyoscyamus, given alone or in combination; ..... and morning sickness and loss of appetite are the penalties paid for a night's sleep procured by opium or morphia frequently administered. Turning then to hydrate of chloral, there arises a hope that we have in view a method of relieving pain and procuring sleep which shall not interfere with the healthy assimilation of food, and which may be employed without producing any sort of unconsciousness. ..... The results obtained in the cases in which I have employed it are so charming, so persistent, that, fortified by the experience of others, I feel bound to add mine in confirmation of the excellent results obtained from this drug." Mr. Cooke recommends ten grains of the hydrate three times a day, and twenty grains at bedtime; and thinks no advantage is gained by much exceeding these limits. A case of idiopathic tetanus is reported in THE LANCET of Dec. 31st, 1870, in which this medicine was administered in doses of thirty grains every six hours; augmented, after a few days, to forty-five grains. It speedily relieved the symptoms, and the patient recovered in about fourteen days. Beef-tea and brandy were given liberally during the treatment. Dr. Zechmeister, of Esseg, recommends the hot bath in the treatment of traumatic tetanus; "but, to employ it effectually, it must be kept up, not for hours only, but for days, and for as many as from ten to fourteen." In this mode he

has succeeded in saving the lives of no less than five cases. No particulars are given respecting the temperature of the bath, and to keep a man fourteen days in a hot bath does seem too much of a good thing. A case of asthma, at its close complicated with emphysema and heart disease, very lately came under my observation. The patient, sixty-four years old, had the first attack eleven years ago, since which he has been confined to the house during the whole of the winter season, through shortness of breath, cough, &c.; and latterly his breathing has been so bad, even in summer, that he could not walk more than a few yards without stopping to rest. On Dec. 24th, 1870, he became worse, and was confined to bed, and I was called to attend. I found him propped up in a half-sitting posture and on his left side, with his head hanging partly towards the left shoulder and partly resting on the chest; and from this position he was not able to be moved from Dec. 29th to Jan. 4th, when his sufferings were terminated by death. Chloroform inhalations not carried to insensibility, and hydrate of chloral in twenty-grain doses, gave some relief, which the patient gratefully acknowledged; but it is dreadful to remember the self-evident agony of this case, and difficult to contemplate without the deepest sympathy and pain, suffering which generally we can so inadequately relieve.* I see that hydrate of chloral has also been beneficially employed in the insomnia of the insane, and in assisting delicate sufferers to undertake a journey: indeed, it is a true nepenthe of rare virtue. I am sorry, however, to observe, from the medical periodicals, that several cases of poisoning by chloral have occurred, principally, however, where persons have dosed themselves with it.

I have still a few words to add by way of supplement, or to supply omissions. First, I have omitted all notice of two important agents which are often employed in the treatment of neuralgic pain—viz., counter-irritation and galvanism. But as my subject has already carried me far beyond the limits I had marked out, it must suffice to say that they have both succeeded when all other therapeutic measures have failed, and that the kind of galvanism usually employed is faradisation, or direct or indirect muscular faradisation, as recommended by Duchenne. On the contrary, Drs. Anstie and Buzzard say the *constant current* only is serviceable, and Dr. Gull has no faith at all in it. Secondly, I have not alluded to inflammatory pain, or no further than as it may be one of the causes of, or may augment when present, the diseases I have been considering. On this point it seems to me only necessary to say that, for the alleviation of inflammatory pain, opium, hot and cold applications variously used, the local abstraction of blood, counter-irritants, and the new medicine which last engaged our attention, when opium and its preparations are found to be objectionable, are our principal resources, auxiliary and subordinate, of course, to the general treatment appropriate to each case. Other varieties of pain mentioned in the common parlance of medicine are familiar to our minds, as irritative, reflex, eccentric, &c. But although these distinctions are of the utmost importance as to the general treatment of disease, I do not think that they are either essential or useful in carrying out the work I had set before me, taking it for granted that they would be borne in mind in the employment of the remedies which have been discussed.

In bringing these remarks to a close, it is scarcely necessary to state that I have avoided all nice theoretical and scientific speculations as to the *modus operandi* of the remedies which have been passed in review. Indeed, of set purpose I have limited myself to the question: given a painful disease, what will relieve it?—and have endeavoured to point out the medicines and other therapeutic measures which, by experience, have been found most beneficial; for that which cures or relieves a disease is unquestionably the best thing, both for the patient and the doctor, though the mode in which it does so may be entirely unknown. I notice, by the way, that a very important controversy on our present methods of treating disease has recently appeared in the medical periodicals, Dr. Wilks, on the one side, contending that the best and only legitimate treatment is empirical, inasmuch as we are ignorant of the way in which remedies act, or even if we are acquainted with the *physiological* action of some we employ, their action may be, and frequently is, uncertain, or even totally different in the treatment of disease; Dr. Anstie, on the other side, contending that the empirical treatment of disease is a retrograde movement, and not in accordance with our present scientific knowledge, and, moreover, that it is to treat disease as a "special morbid entity," and not as "the sum total of the actions evoked in the body by the action and reaction of certain external influences and certain individual peculiarities of structure." On other points of minor importance, which it is not necessary to notice here, Dr. Wilks and Dr. Anstie are at issue.

It is curious and not uninstructive to observe how these medical Goliaths differ. Dr. Wilks has no faith in the scientific therapeutics of the day, and Dr. Anstie distrusts experience. According to the former, we have no settled scientific data, and according to the latter, no certain experience, to guide us in the treatment of disease. The one asserts that science has made no discoveries towards successful treatment, and the other that experience is just as impotent because of its dissimilar teachings. Between such doctors who shall decide! Yet surely, as is usual, there is a mean between these extreme opinions; and although experience will always remain the first and greatest teacher, science will become more and more a close and trustworthy ally—indeed, what is science but experience and observation applied or turned to account? Besides, whilst there is no royal road to the treatment of disease, there are several different and well-trodden paths in which it is safe to travel; and the more this fact is recognised, and the more dependence is placed upon general principles, rather than ever-changing opinions, in medical practice, the further will it be removed from the prevalent theoretical dogmatism which I have observed to be the very worst dogmatism of all.

It is not uninteresting to observe how each generation is "wiser in its own eyes" than the last. Dr. Anstie impugns the wisdom of our ancestors, who looked upon disease, he says, as we have seen, as "a special morbid entity." But is this certain, in the sense here intended? At all events I fail to see that we are any nearer the truth when we say, with him, that disease is "the sum total of the actions evoked in the body by the action and reaction of certain external influences and certain individual differences of structure." The former view is doubtless a metaphor, or personification, just as we speak of the Devil being in a bad man, or represent Death as a fleshless reaper bearing his terrible scythe; and the latter is a learned definition only—a mere gloss, in fact, for our ignorance; and the definition that "every state of the human body which is injurious to the vital, natural, or even animal functions is named a disease," and which is certainly a hundred years old, is, as far as I can judge, quite as wise and useful.

Passing from this particular controversy, one cannot fail to remark that it is the fashion nowadays to decry and undervalue old practices and modes of thought, for no other reason apparently than because they are old; and this not favourable "sign of the times" has affected medicine as well as other things. Now as I happen to think—unfortunately perhaps—that the old ways should not be hastily forsaken, and that theoretical teaching, the fruits of "science falsely so called," is far too prevalent in the present day, I am not sorry that Young Physic has lately had to listen to the practical and outspoken lessons of Dr. Wilks, notwithstanding that I have ventured to speak of his opinions as extreme.

To conclude: I by no means flatter myself that I have exhausted my subject; indeed, I have found it more extensive, and its treatment more difficult, than I anticipated. Nevertheless I would fain hope that the thoughts and facts here brought together, though they be imperfect and suggestive only, may stimulate others to the pursuit of similar inquiries, and the putting forth of similar efforts, for the advantage of our high vocation, and the relief of suffering humanity.

Plymouth, May, 1871.

* Peroxide of hydrogen and ozonic ether are said, by Dr. Richardson, to be useful in dyspnœa, in cases where there is great destruction of the lung and deficient oxidation. I trust his opinion may be verified in their further employment.

HEALTH OF PARIS.—Medical returns for the last week of the health of Paris show a great improvement upon those last issued. Four cases only of small-pox are announced.

ON CATARRH OF THE HUMAN BLADDER.

BY DR. B. KRAUS,
EDITOR OF THE "VIENNA MEDICAL TIMES," ETC.
(*Translated by* J. P. STEELE, B.A., M.D. Edin.)

(*Continued from page* 610.)

A POINT hitherto little noticed is the form in which the vesical mucous membrane undergoes alteration. It can produce every development of inflammation—diphtheritis, and croup even of the bladder, not excepted.

All these forms of disease used to be registered by practitioners under the rubric "bladder-catarrh," but inaccurately so.

We will give these forms a further explanation, and subject to a closer scrutiny the other originating causes of catarrh of the human urethra, and the peculiarities determined by them.

In the first rank may be considered the catarrhs which are produced by inorganic sediments, and present symptoms in the highest degree characteristic.

These sediments may either reach the bladder from the kidney as deposits, or may develop from the urine in the bladder. In the first case the manifold ailments of the kidney conduce to the production of sediments. In the second place the various conditions of the urine itself in febrile maladies become the causes of sediments in the same.

When the sediments are not abundant, they pass off with the urine, and occasion, if they are crystalline, especially on their first traversing the urethra, burning pains.

In such cases we may observe the following characteristic: the first portion of the collected urine gives an acid reaction, if the sediment contains bone-earth, the so-called triple phosphate of magnesia; while the last collected portion gives an alkaline reaction.

In a quiescent state of the bladder the above described phenomenon is constant; but a change occurs in it if the patient has moved about, and the sediments in the whole urine have separated.

These sediments play a prominent part in disease of the bladder, and possess the characteristic of less easily tending to the formation of concretes. Out of ten cases which came under my notice in the course of three years, there was no calculus-formation; and the bone-earth deposits in particular rarely tended to the production of calculus. The bone-earth sediments from the triple phosphate of magnesia are characterised by their dazzling white appearance, and in the dried state by the lustre of the pointed crystals. Rubbed between the fingers, the crystals wedge themselves into the epidermis, and puncture it not imperceptibly. In the moist, freshly-deposited state they are enveloped in mucus, and are, as before mentioned, excreted from the bladder in vermiform cylinders. They render the last portions especially of the collected urine milky-turbid, quite similar to the urine of the herbivora.

Not so is it with the uric-acid sediments. They are suspended in citron-coloured urine, like particles of iron-rust; they fall at once in the collected urine to the bottom, isolated, and not cohering in lumps.

These sediments tend much more to calculus-formation, and if any coagulum, or any other organic substance, comes in contact with them, then they form, first a nucleus, round which the uric-acid salts group themselves; next, other ingredients of the urine, colouring matter, and so produce the uric-acid stone of the bladder.

It is interesting to note that the sediments of the first kind, though calculus-formation is the result, cause, in spite of their being softer, more pain than the last-named sediments. This circumstance is modified as the stone increases in bulk, since the uric-acid concretions during their lodgment in the bladder, as also on their occasional passage through the urethra, cause infinitely severe pain. These circumstances, which may be called diagnostic as to the kind of sediments, even without urinary analysis, were till lately inadequately appreciated, and merit the greatest attention on the part of the practitioner, because, as we will demonstrate in due course, they are of undoubted importance for the treatment of this malady.

The remaining varieties in the formation of concretions are of subordinate value for the practitioner. If therapy is called in to do anything without instrumental aid, it has to deal simply with these two chief forms above mentioned; and it may be said with demonstrative certainty that in this malady, as well as in the vesical catarrh determined by it, a reactionary therapeutical course is crowned with success, particularly when the practitioner has investigated the source of the sediments and of the catarrh, expiscated the seat of the malady, and on the path of experiment has created for himself the certainty as to whether the catarrh or the sediment is the primary disorder.

(*To be concluded.*)

SIMULATION OF HIP-JOINT DISEASE BY ENLARGEMENT OF THE BURSA OVER THE TROCHANTER MAJOR.

BY EDMUND VIALLS, M.R.C.S., &c.

HAVING read with profit remarks upon the above subject, illustrated with cases, by Mr. Teale, of the Leeds General Infirmary (THE LANCET, Oct. 8th, 1870), and by Dr. McNab, of the Suffolk General Hospital (ib., Nov. 12th), I record the following illustrative case, thinking it of general interest to the profession.

Mary Ann S——, aged eighteen, a labourer's wife, of delicate health, became an out-patient of the Poplar Hospital on Jan. 3rd, 1871, complaining of some pain about the left hip, but more of a copious discharge from an aperture in the same region. She had an indistinct remembrance of a fall upon that hip about a year previously, and two months afterwards noticed a swelling about the trochanter. This swelling continued increasing for about seven months, when (three months before she came under notice) the tumour opened itself by ulceration at the lower part, giving exit to a large quantity of fluid, which continued to exude from the aperture up to the date of admission, but varying much in quantity, being sometimes sufficient to saturate several napkins in a day. It had never prevented her walking or doing her house-work, and she never suffered from severe pain, but complained most of the inconvenience of the profuse discharge.

Upon examination, a tumour was found extending from the upper margin of the great trochanter downwards, on the outside of the thigh, for about seven inches, its breadth being three or four. At its lower margin was the aperture of a sinus, very like those seen about diseased bone or joints. The limb could be moved freely in every direction without pain. Thinking that the history and appearances were more indicative of enlarged bursa than of joint disease, I explored the sinus with a long probe, which passed upwards a distance of seven inches, the length of the tumour, and was freely movable, being evidently in a large cavity; and, upon its withdrawal, a quantity of synovia-like fluid escaped. A drainage tube was made to traverse the tumour from the sinus below through an opening made in the upper part, which evacuated about ten ounces of fluid, of a straw colour, somewhat viscid and free from pus. A compress was placed over the tumour, and the patient sent home. It unfortunately happened that an attack of erysipelas of the face, which occurred within two or three days, complicated the case, and the tube was withdrawn within a week of its introduction, only slight suppuration having taken place. No further treatment was directed to the hip, but at the end of three weeks the tumour had disappeared, and the sinus and wound had healed, the cavity of the bursa having probably become obliterated. The patient is now quite well.

This case differed from those referred to, inasmuch as the bursa had not suppurated, but had continued discharging portions of its contents daily, by a very small aperture, for seven months, and seemed likely to do so for an indefinite time without surgical interference.

The treatment adopted was less severe than that recommended by Mr. Teale—i.e., transverse division of the expansion of the tendon of the gluteus maximus, and was very effectual.

Poplar Hospital, March, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

PATHOLOGICAL FACTS INDICATIVE OF THE CONVEYANCE OF DISEASE BY DISORDERED NERVES.

(From Demonstrations by Dr. MOXON.)

THE following observations afford interesting evidence in favour of the transmission by nerves of irritations capable of producing, at their peripheral extremities, grave morbid changes similar to those which have taken place at their centres of origin. We join with Dr. Moxon in hoping that their publication may incite other pathologists to bring forward any facts bearing upon the subject which they may have met with in the course of their investigations.

In reference to these cases, Dr. Moxon says that the fact of nerve-disturbance exciting certain kinds of nutritive changes is illustrated by common examples of the states called "zoster"; by the not unfrequent occurrence of rheumatoid inflammation in the joints of the lower extremities in subjects of paraplegia; by the changes occurring in the retina in intracranial disease; by ulceration of the duodenum, or even of the stomach (of which he has recently seen a marked instance), in burn cases; and by the power of partial division of the fifth nerve to induce ulceration of the cornea, which has lately been reaffirmed. He thinks also that the circumstances and characters of certain other ulcers of the cornea and of the stomach are but phases of hyperæsthesia, and should be treated as being essentially nervous.

CASE 1.—While the body of a boy was under inspection, it was noticed that in either side of the chest there was a remarkable band of old pleuritic thickening. This took the course of the third and fourth dorsal nerves, so exactly on each side in the parietal pleura that Dr. Moxon was induced to examine the spinal cord at the point of origin of these nerves for some explanation of so remarkable an appearance. It was then found that at the parts of the cord which gave rise to the third and fourth dorsal nerves there was an old dilatation of the ventricular cavity. This dilatation would admit a No. 4 catheter, and was two inches long. It was closed at its ends, and the medulla around appeared quite healthy. The wall of this hydro-myelocele was a little thickened. There was no other dilatation of the cord's ventricle, nor any other disease of the nervous centres, discoverable. It was scarcely possible to regard this as a mere coincidence. It was no common pleurisy. The peculiarity of its appearance led to the examination of the cord, which otherwise would not have been made. The boy had exhibited no spinal symptoms.

CASE 2.—A woman died in the clinical ward of paraplegia. On inspection it was found that a tubercle, of the size of a small marble, occupied and almost destroyed a part of the cord opposite the eleventh and twelfth dorsal intervertebral substance. In the abdomen a remarkable appearance was presented: neither the upper part of the cavity nor the peritoneum of the true pelvis showed any tubercle, but a zone of crowded miliary tubercles extended round the cavity in the peritoneum lining the false pelvis and hypogastrium; there were none on the viscera. The limitation was remarkable, and the relation of these tubercles to that in the corresponding part of the cord could scarcely be a coincidence. It is known to morbid anatomists that tubercles on the peritoneum, though they prefer the parietal to the visceral layer (except in the case of the omentum), adopt the diaphragm as their favourite seat, and, as a rule, are rather generally scattered; but Dr. Moxon did not recollect having ever before seen such a distribution of tubercles as in this case. Their situation corresponded very significantly with the affected portion of the cord.

CASE 3.—A woman had painful paraplegia, with headache, aphonia, and paralysis of the left side of the tongue. The post-mortem examination revealed a free scattering of cancer (soft round-cell sarcoma) in the course of the spine, in the bones. A mass of this cancer grew in the basilar bone, and destroyed the eighth and ninth pairs of nerves on the left side. There was no visceral cancer. The cricoid cartilage was in a singular state: the greater part of its left side was in a pulpy condition. This part was rather sharply demarked from the rest of the cartilage. Dr. Moxon made microscopical examinations on several occasions, but could not determine whether the state of the cartilage was or was not *its* sarcoma. There was some proliferation of the cells, but not very much. The intercellular substance was soft and fibrillar, and reduced in amount. But the appearance was different from that of the other cancer growths; and it was hard to say how far the very unusual circumstance of a development of cancer in cartilage determined the difference of minute structure, or whether some other form of altered nutrition had been in operation. Whichever view were true, it was scarcely possible, Dr. Moxon thought, to avoid concluding that the disease at the root of the eighth nerve of the same side had caused the change. The muscles were atrophied, and the nerves wasted.

HOSPITAL FOR SICK CHILDREN.

CASES OF MALINGERING.

(*Communicated by* Mr. H. T. BUTLIN, Registrar.)

CASES like the following are liable to be misunderstood, and may for a long time remain wrongly, and therefore unsuccessfully, treated. The moral disease, and the moral treatment which it demands, are overlooked; while all efforts are directed to the cure by drugs of a simulated or enormously exaggerated ailment, to which it becomes the chief object and only habit of the patient's life to call the attention of sympathising spectators by more or less sensational demonstrations. "It is difficult," says Dr. West,* "to assign any sufficient reason for this conduct. Mere indolence seems sometimes to be the chief motive for it; often vanity; the sense of importance in finding everything in the household arranged with exclusive reference to itself appears to have led to it—a feeling which may sometimes be observed to be very powerful even at an exceedingly early age. In many instances a morbid craving for sympathy is mingled with love of importance, and both these sentiments are not unfrequently gratified and exaggerated by the conduct of a foolishly fond mother. Real illness, however, in almost all these cases, exists at the commencement, though the child persists in complaining of its old symptoms long after their cause has disappeared." This description applies very accurately to the following cases. In each instance, Mr. Butlin informs us, the mother was a decidedly "weak woman"; and in each, it will be noticed, there was, or had been, a nucleus, so to speak, of genuine disease. It is obvious that isolation from a foolish mother and indulgent friends must, in all such cases, be one of the most effectual remedial measures.

(Under the care of Dr. DICKINSON.)

CASE 1.—Sarah J—— was, on admission, seven years and nine months old. The following history was elicited from her mother:—With the exception of a violent attack of convulsions, which occurred in connexion with whooping-cough at the age of two years and a half, she has been quite healthy until the onset of the present illness fifteen months ago. She was then taken suddenly with sickness, purging, and pain in the bowels, which lasted for about a week. Ever since she has been subject to pain in the bowels. About nine months ago she had another similar attack. The purging lasted for about three weeks; and towards the last she passed nothing but "blood and jelly." A day or two after the return of the diarrhœa, the fits, from which she has ever since suffered, first made their appearance; for about half an hour she was "convulsed," her limbs became rigid, her eyes rolled upwards, she screamed, and frothed

* Diseases of Infancy and Childhood, p. 283.

at the mouth. From that time a week has not passed without the occurrence of at least one fit, and she has always had convulsive twitchings during sleep. Frequently the attacks have come on three or four minutes after falling asleep; but, in the day-time, they have generally been ushered in by drowsiness and pain in the stomach. They vary in character and duration, lasting sometimes as long as three or four hours. At one time "hysteria," at another "epilepsy," is the more conspicuous feature; she laughs, talks, sings, screams, undergoes violent convulsions, throws herself about so as to bruise herself, and becomes quite unconscious. Nevertheless her general health is good, although she is troubled with a short, hacking cough. She has never been of a particularly excitable temperament.

She was found to be a fairly-nourished child, and very intelligent. She manifested a great interest in her own case, was quite conversant with all her symptoms, and evidently conscious of the interest which her condition excited. Her tongue was clean and dry; her pulse 104, and feeble; her skin cool and soft; her face pale, and slightly bruised in one or two places. Neither heart, lungs, liver, nor spleen afforded the slightest evidence of disease. She complained of no pain, but of tenderness when the lower part of the abdomen was pressed.

Very shortly after admission she had a violent attack; it was ushered in by cries of "Oh, my stomach!" Next she appeared to lose consciousness; then threw herself about the bed, several times striking her arms and legs. She screamed and ground her teeth. The pupils were sometimes dilated, sometimes contracted. Her face was slightly flushed all over. After the fit she lay as though asleep; after a time she began to cry, and slowly rose up, and the attack was then over.

Two similar attacks which threatened to occur in the course of the same afternoon were cut short by a few smacks with a wet towel, and a sharp reprimand from the nurse. At the end of a week, as she had passed her time in playing in the convalescent ward with the other children without evincing any disposition to indulge in more attacks, she was allowed to return home, promising that she would "never do it again."

CASE 2.—Rebecca N——, nine and a half years of age, was very healthy and strong until about two years ago, when she became troubled with a hard dry cough, which gradually increased in severity until about four months ago, when, "to prevent her being suffocated, she was ordered inhalation of chloroform." This arrested the cough. During all this time she went to school as usual, except for a few months in the summer. She could read and write well. About last Christmas she "fell into a sort of stupor, refused to take any food," and for a fortnight took only such nourishment as she was occasionally forced to receive from a teaspoon. She kept her eyes constantly closed. Then she became much better, and took an interest in her books, but she would not allow her mother to leave her, and could not be persuaded either to stand or walk. Her father, however, saw her one night get up and walk round the table to fetch something, at a time when she thought no one was looking; he, therefore, desired to commence a system of firm moral treatment, but the mother would not hear of it, and prevailed. About five weeks before admission her bowels were constipated for about a week. At the end of that period she again closed her eyes. Since then she had never opened them again, and had only spoken three words. She could not stand, and was subject to "dreadful fits of trembling." Often she wept quietly. She seemed to understand everything that was said. Her appetite was good. She was said to be a remarkably sharp child. Her general health was good; her bowels were regular; the menses had not appeared.

On admission she was found to be a fairly nourished girl. She had a receding forehead, but her features were strongly marked, and she looked considerably older than she was. Her face was pasty. She lay with both eyes closed, and the left hand held in front of them. The under lip did not cease to quiver. The right hand lay across the chest, but raised up from it, and underwent a continual shaking or vibrating movement. The legs were drawn up, and motionless. When the left hand was removed from before the eyes, the lids quivered, and at times also the sides of the face, the movement being similar to that produced by galvanism. Any attempt to separate the lids was strongly resisted. She did not speak, but frequently nodded in reply to questions. She bore a remarkably hard pinch on the arm or leg without flinching or crying out, but the shaking movements were increased, and the tips of the fingers became covered with perspiration. When one arm was held, the shaking of the other became more marked. The gums were spongy, the lips broken, the breath offensive, the tongue brown and dry; the pulse 116, and regular. She had a short, hysterical cough. The respiratory and heart sounds, and liver and splenic dulness, were normal. The bladder was distended, and on a vessel being produced she passed thirty-two ounces of urine, acid in reaction, of a specific gravity of 1020, and depositing phosphates on being heated. She was ordered two grains of calomel and ten of jalap powder, and passed a good night.

On the following day she cried a good deal. The bowels not having acted, the powder was repeated, and was followed on the third day by copious evacuations. Whenever she awoke from sleep, however suddenly, the eyes remained closed. She was ordered to have a shower-bath every other morning, and a draught consisting of eight grains of chlorate of potassium, a drachm of tincture of valerian, and half an ounce of the infusion, three times a day. An aperient powder was given occasionally in order to maintain the action of the bowels.

Day after day passed without any material alteration in her condition, until, on the fifteenth day, the house-surgeon, Mr. Sankey, taking a galvanic battery to her bedside, told her that it had become absolutely necessary to apply it until she recovered the power of speech. Having promised that as soon as she had distinctly pronounced the word "mother" he would desist, he proceeded to apply the sponges, pausing every few seconds to demand the repetition of the required word. After about a quarter of an hour the girl's patience began to be exhausted, and she broke out into plaintive sobbing. The application was, however, persevered in until, at the end of about half an hour, after two or three feeble articulations, she distinctly pronounced the word. From that time her cure was virtually effected; she resumed the power of speech; and although, on being first placed out of bed, she appeared to be quite unable to stand, in the course of the afternoon she managed to walk about the ward without assistance. Three days later the aid of galvanism was again resorted to to induce her to open her eyes. On the following day she read a book; in two or three days more she was running about the garden with the other children, and she was shortly afterwards discharged in good health.

(Under the care of Mr. THOMAS SMITH.)

CASE 3.—Florence B——, aged eleven years, had been ailing for a twelvemonth, but had previously been a perfectly healthy child. Her first symptoms were difficulty in walking and inability to hold herself upright. Then she began also to complain of pain in the stomach. There was no history of any injury. During the last five or six months she had been gradually getting worse, until she lost the use of her legs. She was not able to hold her water when sitting up. Her bowels were never open without injections. She still complained of pain in the stomach; but had very little pain in the back, except when she was moved. Her appetite was very good, and she was in fair general health.

When brought to the hospital she was fairly nourished, but emitted a peculiar mousy odour, similar to that sometimes observed in the insane. She was obviously very hysterical, calling out as if in pain whenever and wherever touched. She knew a great deal about what had been the matter with her, and remembered what the doctor, at home, said about "her complaint." Her tongue was clean, pulse 100, and face pale. She passed water without difficulty. Her appetite was good, and she slept well, but generally with the legs drawn up. She complained of pain and tenderness in the abdomen. Her legs were fairly nourished, and, on measurement, were found to be of equal size. Her feet were cold. When made to walk she raised her legs slowly and with apparent difficulty. Sensation appeared to be still more impaired than motion, for she took little or no notice when the feet and legs were pinched or pricked. No reflex movements could be excited. A sharp tap on the sole of the foot caused pain in the abdomen, but very little in the back. On examining the back, a very slight lateral curva-

ture to the right side seemed to exist in the lower dorsal and lumbar regions, and some tenderness over the fourth and fifth lumbar vertebræ; but no prominence could be observed either in this or any other part of the spine. She preferred to lie on the left side.

Although Mr. Smith suspected that her ailment was hysteria, he thought it safer to commence treatment as if her symptoms were due to a more material cause. He therefore gave directions for the legs to be galvanised daily, and ordered two minims of the liquor strychniæ in two drachms of steel wine to be taken three times a day, as well as a pill containing a third of a grain of extract of aloes, two grains of compound rhubarb pill, and a sixth of a grain of nux vomica, to be taken once a day. In about a fortnight she sat up in bed, having been promised that as soon as she could stand she should walk in the garden. She complained of very little pain either in the abdomen or back; her bowels were regular; and the expression of resignation which her face had worn was replaced by a bright and cheerful look. At the same time she seemed to recover sensation in her legs, and for the first time gave evidence of feeling the galvanic battery. On the twenty-eighth day she began to walk about, and was very bright and talkative. On the thirtieth she walked quite firmly and without any pain; she complained of no pain in the abdomen, and of very little in the back. On the thirty-second day she was running about the garden playing with the other convalescents, and in a few days more was discharged.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.

CASE OF SYMPATHETIC OPHTHALMIA, THE RESULT OF INJURY; ENUCLEATION OF THE INJURED EYE, FOLLOWED BY A MERCURIAL COURSE; SATISFACTORY RESULT.

(Under the care of Mr. W. SPENCER WATSON.)

A. C——, aged thirty-six years, received an injury of the right eye five years before admission in March last. A man had accidentally thrust his finger into his eye, which had probably been ruptured, for it had become much smaller than its fellow, and was absolutely blind. He had also received an injury in the left eye, eighteen months ago, from a haddock-bone. This eye had been painful and inflamed ever since the last accident; and, on admission, the patient was suffering from severe pain and photophobia, and the left eye had all the symptoms of cyclitis. The cornea was uniformly dull, and the ciliary region of the sclerotic had a peculiar purplish-red discoloration. The sight was much impaired, but, from the intense intolerance of light, it was very difficult to test it accurately. He was able, however, to distinguish letters of No. 20 of Jaeger's scale. The right eye was tender when pressed at the upper and inner side.

The case appeared to be one of traumatic choroido-iritis of the left eye, complicated by sympathetic irritation due to the condition of the right eye. It was therefore decided to remove the latter, especially as local sedatives, in the form of atropine and atropised castor oil, with the internal administration of tonics, had failed to arrest the symptoms. On March 24th the right eyeball was enucleated. Chloral hydrate was given in a twenty-grain dose the same night, but failed to procure sleep. On the following nights one-grain doses of opium succeeded. The photophobia and cyclitis remaining, on March 31st calomel-and-opium was given, and atropine drops used every three hours. This plan was continued until May 2nd, when, the gums having become sore, the mercury was entirely discontinued, and iodide of potassium, in ten-grain doses, given three times a day. Meanwhile the photophobia had much diminished, and the sight had improved. On May 23rd the bromide of potassium, in five-grain doses twice a day, was commenced.

The improvement has gone on uninterruptedly till the present date (June 6th), when he can read type of No. 8 Jaeger (a type rather larger than that of the leading articles in *The Times*), the cornea is clear, the pupil dilatable, and the discoloration of the sclerotic has quite disappeared.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 2ND, 1871.

MR. GAY, VICE-PRESIDENT, IN THE CHAIR.

DR. MURCHISON gave an account of the post-mortem appearances observed in a case of Paralysis Agitans. The patient on whom the observations were made was a male seventy-one years of age, who had died of typhus after suffering from paralysis agitans for twelve years, the tremor having of late been constant. Dr. Cayley had made an examination of the spinal cord, and had detected a great increase in the connective tissue outside the cord, which passed inwards at certain points. The cerebral canal was obliterated by a thick mass of rounded cells and granules, and there appeared to be here and there patches of exudation-matter. The brain was atrophied, with effusion of serum—a common occurrence in typhus, however.

Dr. DICKINSON brought before the Society a tabulated description of the analysed renal calculi belonging to the pathological museums of London. Some drawings were shown representing calculi belonging to the College of Surgeons and to St. George's Hospital. Dr. Dickinson began by referring to the practical importance of the subject with regard to the attempts which had been made to dissolve urinary calculi by medicines. It was considered that, with regard to vesical calculi, surgical treatment by cutting or crushing would be generally preferable to the tedious and uncertain method of solution. But with regard to renal calculi the case was different. Lying practically out of surgical reach, our choice lies between attempting their solution and leaving them alone. Under these circumstances it is important to be aware what proportion of renal calculi is assailable by solvents. The experiments of Dr. Roberts were referred to, and the conclusion stated that calculi of uric acid, the urates, and cystine, could be dissolved in urine made alkaline with citrate of potass. Oxalate of lime was absolutely insoluble in the body, and phosphatic calculi not only insoluble, but likely to receive fresh accretion from the action of alkalies. These differences made it important to be aware of the average composition of renal calculi. It had been stated that three-fourths, or even five-sixths, of renal calculi consisted of uric acid; but this preponderance did not appear in the table. The table displayed the composition of 91 renal calculi. Of these, 52 were simple, or composed of one ingredient; 39 compound. Of the compound calculi, 22 were composed of two ingredients, 10 of three, and 7 of four. The ingredients were distributed as follows:—

	Calculi.	Simple.	Compound.
Uric acid occurred in	40	21	19
Urates „	„ 24	3	21
Oxalate of lime	„ 36	11	25
Phosphate of lime	„ 16 (?)	3 (?)	13
Triple phosphate	„ 7	2	5
Mixed phosphates	„ 20	9	11
Carbonate of lime	„ 8	1	7
Cystine „	„ 2	2	0

Uric acid was the most frequent ingredient of simple calculi, oxalate of lime of compound. Mixed and triple phosphates occurred not seldom in the guise of simple stones, though probably a nucleus of a different material would have been found in many had the section fallen more happily. The list comprised no example of the pure phosphate-of-lime calculus, those which were described as phosphate of lime being almost certainly mixed phosphates. Carbonate of lime occurred in one instance; cystine in two. Of xanthine there was no example. The compound calculi had almost invariably a nucleus of oxalate of lime, uric acid, or the urates. Three-fifths of the compound calculi contained, generally externally, either one of the phosphates or carbonate of lime, and thus had grown in connexion with alkaline urine, and would probably derive fresh accretion from alkaline remedies. Of the whole number of stones, simple and compound together, 91 in number, 31, or about a third, were wholly composed of uric acid and the urates. Adding the two cystine stones, equally soluble in alkalies, we still have little more than a third of the whole number even theoretically assailable by alkaline solvents. Uric acid, far

from forming three-fourths or five-sixths of the whole, did not, by itself, form a third, and was totally absent from more than half the entire number. The stones in the table, having mostly been removed after death, were probably more complicated than would be the case with a similar number of stones examined, were that possible, earlier in their career. But making all allowances of this kind, it is probable that theoretically soluble stones are in a decided minority, while a large proportion of those theoretically soluble are, from their size, situation, or other circumstances, not practically so. Dr. Dickinson, in conclusion, acknowledged the assistance of Dr. Green, Dr. Moxon, Dr. Kelly, Mr. McCarthy, Dr. Cayley, Dr. Gee, Dr. Payne, Dr. R. J. Lee, and Mr. Carter. Mr. Carter, in particular, had rendered great service in making an analysis of 7 calculi not previously examined.

Dr. MURCHISON expressed a doubt as to the fairness of the basis as a guide to practice, as rare calculi would frequently be alone analysed and kept.

Dr. DICKINSON replied that, with the exception of the carbonate of lime and two cystine calculi, the objection would not hold.

Mr. NUNN remarked that the difference between Dr. Dickinson and Dr. Bence Jones, as regards the proportion of lithic-acid calculi, was reconciled by the fact that the majority of calculi which pass by the urethra are renal and of lithic acid, while the others will not come away.

Mr. W. ADAMS observed that a specimen of pure phosphate-of-lime calculus from a case of mollities ossium was in the St. Thomas's Hospital Museum.

Dr. MURCHISON wished to know what clinical evidence there is that these calculi are dissolved in the body.

Dr. DICKINSON said he only gave Dr. Roberts's belief in the matter.

Dr. RISDON BENNETT exhibited a specimen of Cancer of the Lung, taken from the body of a female, aged forty-two. A tumour of the breast had been removed in St. Mary's Hospital in July. There was a disproportionate amount of dyspnœa, which was not accounted for by the physical signs. The patient died more of syncope than of asphyxia. The whole connective tissue of the lung was invaded by a morbid growth. It was also found that the cicatrix of operation in the breast was affected.

Mr. MAUNDER related a similar case in which, during life, no definite physical signs were observed.

Mr. GAY exhibited a Subclavian Aneurism, the particulars connected with which have already been detailed at length in our columns.

Some remarks were made on the pulsation of exposed arteries, Mr. Maunder and Mr. Thomas Smith stating that when exposed they did not pulsate.

Mr. HENRY ARNOTT exhibited a specimen of Malignant Osteoid Tumour of the Fibula. The main interest in the case lay in its microscopic structure, the naked-eye appearances, and the history of death, with rapidly developing tumours in other parts, being those usually associated with so-called "osteoid cancer." Mr. Arnott thought that this name could be strictly given only to a tumour resembling ordinary cancer in most respects, but in which the usual fibrous alveolar stroma was replaced by a network of bone. He had, however, examined several specimens of so-called osteoid cancer for such a structure in vain. Almost all such cases were really examples of sarcoma, in which the intercellular substance was more or less largely infiltrated with lime salts, and it therefore seemed more correct to speak of these tumours as malignant osteoid growths than as cancers, true cancer structure, anatomically defined, being very rarely, if ever, present.

BEQUESTS, DONATIONS, &c.—The Rev. Martin Cramp Tolputt bequeathed £100 to the Middlesex Hospital; £100 to the Kent and Canterbury Hospital; £100 to the Margate Sea-Bathing Infirmary; £50 to the Margate Lying-in Charity; and £50 to the British Lying-in Hospital. Miss Brackenbury has given £150 to the building fund of the Brighton and Hove Lying-in Institution. The York County Hospital has received £230 1s. 7d., under the wills of Elizabeth and Sarah Curwood. H.R.H. the Princess of Wales has given 25 guineas to the National Hospital for Consumption, Ventnor. The Fishmongers' Company have given 50 guineas to the Royal Maternity Charity.

Reviews and Notices of Books.

Contributions towards the Materia Medica and Natural History of China. For the use of Medical Missionaries and Native Medical Students. By F. P. SMITH, M.B. Lond., Medical Missionary in Central China. Shanghai: American Presbyterian Mission Press. London: Trübner and Co. 1871.

MANY persons are imbued with the idea that everything Chinese must necessarily partake of the character of the grotesque or the absurd; and when we come to treat of these people or their ways in a matter-of-fact or common-sense manner, or describe them as resembling ourselves in the least degree, all their interest in the subject vanishes. To those who are conversant with China, or who know the true character of the Chinese from personal experience, it is hardly necessary to say how erroneous such impressions are. In shrewdness, quick intelligence, and far more in industrious habits, no people can surpass the Chinese; though, owing to complex causes, in all matter pertaining to scientific knowledge their inferiority must be at once admitted. Their science appears to have reached to a certain stage of development at a very remote period, when it remained stereotyped, as it were, making no further progress up to the present time, though assisted, a few centuries ago, by some able instructors from the west—the Jesuits,—who imparted to them all that was then known in Europe in relation to the two sciences which have ever been the most interesting to mankind—namely, astronomy and medicine. The excellent appearance of their drugs, and especially the rich fragrance of some of their vegetable preparations, have struck many observers, and made them anxious to discover the localities where they were produced, and to determine the species of all of their medicinal plants. This desire to gratify a natural curiosity was enhanced by the opposition it met in every attempt made to attain it; but at length, after a series of wars, we are able to penetrate the interior of the country with tolerable safety, and are better informed on Chinese subjects than we were some few years ago, when the interior of the country was still a blank to us.

A result of our intercourse is that, besides being better informed about the country, we are becoming better acquainted with its voluminous literature. This literature, as might be expected, contains many interesting works on medical subjects. Of those that we are most acquainted with, there is an "Encyclopædia of Natural and General Subjects," dating from a very early period; "The Botanical Thesaurus of the Ming time"; and, lastly, the great standard work called the "Pun Tsao," or "Herbal," compiled by a magistrate named Li Shi Chin, of the province of Hupeh, published in the year 1597. This work has been already made familiar to us by most of our writers on China, and has been elaborately reviewed by Rémusat. It is a large work in thirty-eight or more volumes, and took forty years to compile from thirty-nine previous publications on materia medica. It contains a description of nearly 2000 remedies, which are arranged under 62 classes and 16 orders.

With the aid of such a work, it might be supposed that there ought to be little difficulty in compiling a volume such as Mr. Smith has given us; but it is well known to those who have already tried it that, with a good knowledge of the language and with the assistance of a collection of drugs and native teachers, it is no easy matter to get all the requisite information to enable one to determine the species of a plant or ascertain its particular habitat; and so with other items of this materia medica. We are rejoiced, therefore, to find that Mr. Smith has taken advantage of his position at Hankow, the great commercial mart

of Central China, to follow up the researches of previous writers, and to find in his volume such a store of information.

To give an idea of what may be done, and of what Mr. Smith has done for us, we will select one of the drugs which he describes—rhubarb, concerning which there is much obscurity in our own works on materia medica. Mr. Smith tells us that it is no doubt an indigenous drug in China, and enjoys many good names, in spite of its being placed in the "Pun Tsao" at the very head of poisonous plants. Chinese rhubarb is undoubtedly a more powerful drug in China, causing severe purging, and some prostration. King Chou Fu (in Hupeh), Sui-teh Chau Lung-si Hien (in Kansu), Mau Chau, and Ching-tu-fu (in Sechuen), yield this root, the product of several undetermined species of Rheum, some of which are identical with the species yielding the Himalayan rhubarb. Tungut, or Turfan, and Thibet yield rhubarb of good quality. The Sechuen rhubarb is, on the whole, the best root, although exceedingly good roots come by way of or from Shensi. Roots of Rheum rhaponticum are sometimes brought to Hankow. The plants flower in the third or fourth month, and seed in the fifth month. There is a rhubarb plant spoken of in the "Pun Tsao" as growing in Kiang-nan, which flowers much earlier, and produces an inferior root. This and another root described are really dock plants. The roots are dug up twice a year—namely, in the second and third months, and in the eighth month of the year. The roots are cut into long, tongue-like pieces, or sometimes into short pieces or sections of the root. They should be then placed on stones slightly heated in the fire, pierced through in the thickest part, and hung up to dry in the sun, or in a place artificially heated. Rhubarb enters largely into the composition of Chinese purgative pills, which are remarkable for their size, some being as large as marbles. They are largely compounded with liquorice, which we learn "stands next to Ginseng in importance in Chinese pharmacy, being the grand corrective and harmonising ingredient of a host of recipes." Purgative medicines, as prescribed by their own doctors, are rather hazardous ones to encounter. Our sulphate of magnesia, when introduced into the north of China, was esteemed far beyond all their own medicines. It is probably now largely imported there.

Another drug which appears to have a large consumption by the Chinese is Cinabar. This ore of mercury was investigated, according to the Rev. J. Edkins, by the Chinese alchemists as early as the Christian era. It was called by them the "immortal elixir," and was equivalent to the philosopher's stone of the alchemists of the west, who *might* have obtained their knowledge of this and other curious substances from the early Chinese chemists through the intercourse of the Mahomedan traders from Arabia and the Persian Gulf with the people of Southern and Eastern China.

"Cinabar is believed to be at the head of all minerals and metals. ..... Children were formerly dosed with this mercurial preparation as soon as born—with some dim idea, perhaps, of congenital syphilis. Small quantities of it are worn in bags by children in order to ward off frightful spirits and actual chorea. A small quantity is taken as a prophylactic by the whole Chinese population of this part of the country on the great festival held on the fifth day of the fifth month. ..... At the present time this drug is used almost exclusively as an external remedy, with which syphilitic and every sort of sore or eruption is dusted. The salivating effects of this and other preparations of mercury are generally understood at the present time by the Chinese."

These few extracts will serve to show the kind of information contained in this work, the value of which to the medical man practising in China, no less than the merchant, to whom a knowledge of the products of the country is of great importance, is at once apparent. The Chinese name of each drug treated of is given along with the Chinese character, which is of immense advantage to those who, not being acquainted with the language, desire to obtain a particular drug from the native Chinese. These characters are admirably printed from a fount of type ingeniously and most accurately prepared with the aid of the electrotype process by the manager of the American Presbyterian Mission Press at Shanghai, and are not the least commendable portion of the work, to which they add much of its utility.

Soolbad Aussee in Steiermark als climatischer Curort und das dortige Sanatorium. Von Dr. JOSEPH SCHREIBER. Wien. 1870.

THAT large contingent of tourists whom the approaching passion-play at Ammergan will attract from the busy centres of English life to the still highlands of eastern Bavaria, could not do better than follow up their dramatic recreation by a visit to that delightful health-resort, Aussee in Styria, and there satisfy themselves whether the sanitary laudation pronounced upon it by the scientific Dr. Schreiber does not warrant them in making it the scene of sojourn, present or to come. The market town of Aussee itself lies in the midst of the Noric Alps, at the deepest point of a cauldron-valley more than two leagues in length and as many in width. Giant mountains of chalk surround it on every side, embracing the two lovely lakes, the Grundl See and the Alt-Aussee, which unite in the market-place to form the romantic river Traun. The valley (47° 37′ N. latitude and 31° 18′ E. longitude) lies, at its lowest depression, 2080 ft., and, at its highest point, 2380 ft. above the sea-level, and is covered with luxuriant alpine verdure, and fresh forest-growth interspaced with pleasant cottage-groups and farm-yards. The outer mural crown of chalky, wood-clad mountains, 6000 feet in height, ensures it complete protection from storms, insomuch that, according to Dr. Pohl, the great tempest which swept over Europe on the New Year's-day of 1855, levelling houses, spires, and trees in the neighbourhood, was felt in Aussee as only an ordinary wind, which did not the slightest damage. The air-currents, which all lakes produce from the unequal warming and cooling of land and water, are perceptible in the morning and evening on the Alt-Aussee and the Grundl See; but in Aussee itself their influence is barely felt from the peculiarly nestling character of the lakes and their distance from the town.

Sudden transitions from heat to chill are almost unknown in Aussee, the distant peaks of the Sarstein and the Sandling giving timely warning by putting on the "black cap" of mist, when the short-lived down-pour may be expected. On the whole, it may be said that May is warm and dry, June changeable, July and the first half of August thundery, and the second half of August, and September and October delightful for equable fair weather. The winter, again, is invariably found to be much milder than in Vienna und Graz. Hardly less important, if at all, than the matter of temperature is that of the drinking water, which in Aussee is admirable. It comes from the Röthelstein, crystal-clear, fresh and refrigerating, and contains seven times less solid ingredient than the best water supplied to London. In these circumstances it is not to be wondered at that the people of the Aussee valley are healthy and strong, while cretinism is known but as an occasional importation. Cholera and typhoid are equally rare, and the mountain fever, described by Feuerabend in his work on the Health Resorts of Switzerland, has not yet invaded Aussee. But

its almost entire exemption from diseases of the respiratory system is its chief recommendation as a health-resort. Genuine tuberculosis occurs only in the case of those who have brought it with them. The parson of the village, an intelligent and trustworthy authority, states that during his long incumbency not a single case of phthisis has come within his knowledge; while a diligent examination of the parish books has convinced Dr. Schreiber that at no time have the deaths from that disease been so many as 2 per cent. of the whole mortality—a mighty improvement on Vienna, where the deaths from the same cause average 25 to 30 per cent. of the whole. What wonder if Dr. Schreiber grows enthusiastic over Aussee as another "happy valley," contrasting it favourably as a health-resort with the Riviera, Algeria, Egypt, and Madeira? Its climatic virtues are reinforced by its wealth in salt, which, in the form of a concentrated brine, is brought from the Sandling to Aussee in pipes, and made available for inhalation, for baths, and for all the purposes of therapeutics. Finally, the whey-cure can be conducted in Aussee under very favourable conditions; and the less specific milk-cure, to which the cattle browsing on the most delicate Alpine herbs abundantly minister, may also be tried by a more numerous class of patients.

We cannot follow Dr. Schreiber into his elaborate collation of climates favourable to consumptive invalids, travelling, as he literally does, "from China to Peru"; still less can we criticise the chapters in which he sets forth the non-medical attractions of Aussee; its facilities for hunting, shooting, and fishing, and its improved means of communication with the busy world. Apart from the interest attaching to his work in a therapeutic point of view, we have dwelt thus long over it for the fresh proof it gives of the reviving popularity of the Austrian health-resorts. Most of these places have this advantage over their rivals elsewhere, that they can modify or supplement treatment by their enormous command of salt, whether for baths or for inhalation. Their wealth in that substance, moreover, has been nearly doubled by local skill in making it most available for therapeutic purposes. Aussee confessedly stands at the head of the Austrian health-resorts for its "immunity" from conditions favourable to phthisis, its exceptional climatic features, its powerful salt baths, and its combination of seclusion with accessibility. We have endeavoured, with the aid of Dr. Schreiber's work, to introduce it to the notice of the profession in England.

Animal Plagues; their History, Nature, and Prevention. By GEORGE FLEMING, F.R.G.S., &c., President of the Central Veterinary Society, &c. 8vo, pp. 548. Chapman and Hall. 1871.

THE title of this book will lead to a very needless disappointment, and it is to be feared will have a detrimental effect upon its success. The work is not, as the title would imply, a systematic treatise on the history, nature, and prevention of animal plagues. It is, indeed, as a second title printed on the fly-leaf preceding the title-page correctly states, "A Chronological History of Animal Plagues from B.C. 1490 to A.D. 1800." The chronology is accompanied by a running commentary of criticism; but from beginning to end there is no comprehensive analysis of, or any summary of the author's opinions concerning, the nature and prevention of the plagues he records. The volume terminates abruptly with an account of epizootics in 1799; and an introduction, suggestive and appetising in view of the title-page, adds to rather than diminishes the disappointment of the reader. A writer who holds the principle that "the whole aim and skill of the comparative pathologist should be employed not in *curing* but in *preventing* disease" (p. xxxi.) enlists alike the sympathy of the scientific student of epizootics and of the keeper of live stock. It would seem almost as if this volume were but an instalment of a larger work, and we should be glad to be assured that such is the case, but there is not a word to this effect in the preface or introduction. As the first volume of an incomplete work, the present insufficiency of the book, and to some extent the misleading nature of the title-page, could be understood. As it is, unless the volume is supplemented by another in which the history of animal plagues is brought down to the present time, and the multifarious details are systematically summarised, and the lessons to be derived from them set forth in connected fashion, we fear that Mr. Fleming's work will fail of that success which it so eminently deserves from the labour he has devoted to it.

Mr. Fleming has broken up ground which has been little disturbed in this country, and he has brought together, and enriched with much excellent criticism, a great amount of material of much value to the epizootologist and epidemiologist. The latter will probably pardon much of a diffuseness which may possibly have contributed somewhat to the present abrupt termination of the work. It is not easy to quote illustrations from a volume that contains facts for each year of which the epizootic history is recounted in it, but the following, *apropos* of cattle plague in this country, has a peculiar interest:—

"I cannot discover," writes Mr. Fleming, "whether the ex-patriot and man of sound sense, Dr. Bates, who certainly deserved well of his country in this great emergency, had received any intimation of Lancisi's valuable recommendations when the Roman States were suffering from this fearful visitation [particularly, his opinion that 'by far the safest course is instantly to destroy the animal, and with the pole-axe, so that no infected blood may escape to the ground,'] as he nowhere mentions the Italian's name. If he had not acted on the Roman physician's prescription, he certainly deserves all the more credit for profound acumen in discovering at once the wonderfully contagious nature of the malady, the undoubted agency in its diffusion, and the hopelessness of all remedies save the one, as well as the promptness of decision which saved Britain from a great peril. And no less credit is due to the 'four gentlemen' who, instead of denouncing him as 'ignorant and barbarous,' successfully opposing his measures, patronising every cow-leech, urging 'several physicians' to attempt '*the cure*' or wasting precious time with 'one or other who gave them hopes of a cure,' personally carried out his suggestions, nor allowed the visionary success of the Hollanders to interfere with the only feasible way of promptly quelling a dire contagion. The conduct of Britain was held up to universal admiration, as the first nation which had shown sufficient energy and resolution to cope with the pestilence then running the States of Europe. Professor Fantonius, writing to Lancisi in 1716 regarding the cattle-plague, says, 'In former years, in a province of the British Isles, we heard that a deadly plague had sprung up suddenly among cattle, which destroyed them very quickly, and truly by no other cause than a recent contagion conveyed by infected oxen. They expelled the disease by no other artifice than the slaughter of infected and suspicious cattle.' The approbation of the Professor at the manner in which the disease was got rid of is conveyed in very strong terms..... In a recent French publication, the adoption and enforcement of these measures is alluded to as follows:—'The disease having passed into England in 1714, the English Government saw no other means of arresting its course and saving the great number of animals which were menaced by it, than immolating all those that were infected, and following the advice which Lancisi had given to his country. This sacrifice was about six thousand, and the contagion was destroyed in less than three months; while Holland, which obstinately and uselessly sought for remedies to cure it, had the misfortune to endure its ravages for three years. The English are, then, as we perceive, the first people of Europe who have given us an example of such conduct.'" (pp. 222-223.)

We trust that Mr. Fleming's present volume will quickly be followed by another, that will complete his history, and better justify the title he has adopted. The volume published is very acceptable, but a complete work in accordance with the implication of the title-page would be still more welcome.

Camp Life, as seen by a Civilian. A Personal Narrative by GEORGE BUCHANAN, A.M., M.D. Glasgow: James Maclehose. 1871.

IT is to be regretted, we think, that this volume was not published long ago, whilst the events were still in people's minds. To persons fresh from the recital of the stupendous drama that has deluged the continent with blood, laid waste some of the fairest territories of Europe, and plunged a great nation into a state of political and social anarchy, the events of the Crimean campaign have either wellnigh passed away from remembrance, or been submerged by the waves of those great military and political events that have scarcely yet lost the full swell, and which threaten to leave marks of their ravages for many a long year to come. Dr. Buchanan went to the hospitals established near the seat of war during the Crimean campaign, and he kept a journal of all that he saw and did on that occasion. The manuscript journal was perused by the writer's friends until it gave evidence that it would not stand more handling. Hence Dr. Buchanan determined on publishing it. There are no surgical details, but the reader will find much to interest him in the parts descriptive of the General Camp Hospital at Balaclava, the great hospital at Dardanelles, the naval hospital at Therapia, the General Hospital in the lines before Sebastopol, and the St. George's Sanatorium; as well as in the remarks on the daily life in camp, the dieting, the "civil element," the condition of Scutari, and other matters.

Foreign Gleanings.

ON THE EFFICACY OF VACCINATION.

DR. COSTE has described, in the *Montpellier Médical*, April and May last, an account of an epidemic of variola, which was observed in a small locality (2102 inhabitants) in the last three months of 1870. That this epidemic was severe is shown by the fact that, out of the just-named population, 750 people were attacked, of whom 101 died. To show how vaccination is neglected in some parts, Dr. Coste mentions that three-fourths of the children were not vaccinated; but forthwith 733 such operations were performed. A fourth of the persons thus vaccinated were already sickening with the complaint; but all the cases turned out very mild, and *none* died. The village was remarkable for the complete want of public cleanliness; and the disease, having been imported by a boy returning from school, spread rapidly. Three patients had had small-pox previously, two bore very distinct marks, the third only a slight scar on the forehead, and this patient died. The likelihood of transmission of small-pox to the fœtus was illustrated in the following manner:—Eight years ago, in this village, a woman, nine months pregnant, had variola; she was confined, and as it was thought that the child was saturated with the disease it was not vaccinated. This same child, however, had confluent small-pox during the present epidemic. His sister, who was protected, came in constant contact with him, but escaped.

INTERNAL URETHROTOMY.

In the *Lyon Médical* (February, 1871), M. Peuch states that a patient, aged fifty-six, had a stricture situated in the membranous portion of the urethra, which was divided with Maisonneuve's urethrotome. A full-sized instrument could thereupon be passed, and the bladder was evacuated. In a few hours the temperature rose from 37·8° to 41° C., and the patient fell into a very critical state. His end was hourly expected, but he eventually rallied, and eleven days after the operation he left the hospital able to pass a good stream. M. Peuch draws attention to the rapidity with which the severe pyrexia occurred, and compares urethrotomy with some surgical operations practised on unhealthy tissues. He thinks that, previous to such measures, diluted alcohol, or a solution of carbolic acid, should be brought in contact with the parts. In the case of the urethra such fluids might be injected through the full-sized catheter, used after the division of the stricture, and this antiseptic lotion might thus perhaps prevent the absorption of noxious gases or secretions. It may be objected to the author's view that the present case is isolated, and that many operations are performed within and without the urethra with very little subsequent fever.

SKIN-TRANSPLANTATION.

Dr. Czerny, of Vienna, has undertaken experiments with the epithelium by means of a piece of uvula which had been excised. He buried small portions of it in the granulating surfaces left after amputation of the breast, in two patients. One trial failed, but in the other a satisfactory island formed, which eventually joined the advancing margins of the wound. Transplantation from the dog or rat upon man, or *vice versâ*, did not succeed. Dr. Stricker, however, stated, at a meeting of the Medical Society of Vienna, that a Russian physician had successfully transplanted the skin of his own thigh upon a dog. Dr. Czerny, urged by Billroth, excited a granulating surface in a dog by means of a seton, and connected with the pouch thus formed pieces of cancer from the lip and breast, by means of sutures. Four such experiments failed entirely.—*Allg. Med. Cent. Zeit.*, May 6th, 1871.

SUBPERIOSTEAL RESECTION OF JOINTS.

This method has lately been illustrated in a striking manner by Dr. Czerny. This surgeon showed, at a meeting of the Medical Society of Vienna, the elbow-joint of a girl who had just died of pneumonia, and upon whom subperiosteal resection had been performed by Prof. Billroth three years before. The form of the joint had been regenerated, the cartilaginous covering and synovial membrane being clearly apparent, as in a healthy articulation. The shape of the articular surfaces, however, was somewhat different from the normal aspect, and had some analogy with the structure of the knee-joint, as interarticular ligaments had been thrown out, but without interfering with mobility. The insertion of muscles looked quite natural, and the tendon of the biceps being spread out, gave more power and leverage to the movements of flexion. We have had, on several occasions, to remark that this mode of operating has not found sufficient favour in this country. It is high time, seeing that Billroth has been so wonderfully successful in this case, that the benefits of subperiosteal resections should be extended to British patients.

DOUBLE MERCURIAL SALTS.

Professor Ranieri Bellini stated, at the meeting of the Medico-Physical Society of Florence (April 30th last), that the double salt, hydrargyrate of chloride of ammonium, has many advantages over corrosive sublimate in the treatment of syphilis. The hydrargyrate of hyposulphide of an alkali may also be used, but these salts should be taken fasting. They are decomposed within the organism, depress the action of the heart, and lower the temperature. They do not accumulate in the economy, nor do they give rise to salivation or to mercurial cachexia.

YELLOW FEVER IN BUENOS AYRES.

WE regret to have to report that the decline in the mortality from yellow fever, stated in the news from Buenos Ayres given in our last impression, has not been persistent, and that the hopeful anticipations founded upon it have been falsified by the subsequent progress of the epidemic. It would appear that, the mortality having remained stationary, or fluctuated but slightly, for a few days after the marked decline, a recrudescence of the epidemic took place, and the deaths from it again rose to from 150 to 175 daily. This was at the close of April. The population remaining in the

city at this period is now confidently stated not to have exceeded 50,000—that is, less than one-third of the ordinary number of inhabitants. The number of cases of yellow fever during the progress of the epidemic is estimated, upon a careful consideration of the information in possession of the local authorities, to have exceeded, to the end of April, 40,000. The minimum estimate of the mortality from yellow fever within the same period is 18,000; but one estimate, formed from other than the official data, and in doubt of the sufficiency of the latter, places the mortality from the epidemic at 26,000.

It is not easy to apprehend the frightful state of things indicated by these figures. Although it may be held, from the manner in which they are reported, that the estimates must not be received too absolutely, there cannot be a doubt that the ravages of the pestilence have been excessive. The efforts of the Government and the municipality to meet the emergency seem so slight, in face of its tremendous character, that accusations of their inefficiency are freely made; and a committee of the inhabitants remaining in the city, formed at a public meeting, would appear to have taken the management of sanitary affairs in hand. Liberal subscriptions from the city and neighbouring districts have furnished large means to work with, and the municipality and police authorities, wisely adapting their action to the public feeling, have cordially aided the committee in its action. But even this action has not escaped depreciatory comment.

In the agony of the emergency, it is not to be wondered at that it should be forgotten, in a city like Buenos Ayres, where even the pretence of a sanitary government hardly existed, and where the fundamental requisites of sanitary rule were wanting, that the means to control the spread of a deadly epidemic could not be improvised at a moment's notice. The ignorance of the population itself in such matters would have interposed a fatal bar to efficient sanitary action; and we must not too hastily condemn the so-stated want of vigorous action of the authorities or of the popular committee during the course of the epidemic.

Buenos Ayres will have to learn, as towns more advanced in sanitary knowledge have had to learn, that effective measures against epidemics can only be carried out in the intervals of epidemics. A reported average annual mortality of 37·5 per 1000 population was not sufficient to awaken the inhabitants and their governors to a full sense of their sanitary duties; or, perhaps we should say, it aroused them to this sense at too late a date to be of benefit in warding off the more deadly consequences of the present pestilence.

A correspondent describes the state of the city, for some little time back, in the following words:—"The people breathe ordure, drink ordure, eat ordure, and live above the carefully accumulated ordure of several generations." All the ordure of the city is poured into deep cesspools attached to each house, and these cesspools are simply wells, constructed as wells, sunk in the courts. In the same courts are sunk the wells from which water for drinking and domestic purposes is obtained. Both wells and cesspools are sunk in a stratum of porous soil which lies beneath the city. This stratum, having a depth varying from thirty to sixty feet, rests upon a bed of firm clay which forms a basin that retains the water from which the city obtains its chief supplies. Now the rule is, both for cesspools and for wells, *to sink to the water*. It is found that by so doing, as to the former, the matters poured in pass away most freely, and that the cesspool lasts longer. (We have heard of a similar practice, and rule of practice, in towns of this country, if our memory has not distorted our readings of certain recent reports of the inspectors of the Medical Department of the Privy Council Office.) But sooner or later the cesspool is filled, and the well becomes foul. Then the latter is converted into a cesspool, and another well is sunk in the court-yard. And this process may go on until room is not left in the court-yard to sink another well.

From the method of procedure here described, it has come to pass that the whole of the subsoil water beneath the city is simply sewage; that this is so manifestly the case in some instances as to taint bread in the manufacture of which it has been used; that the atmosphere of the houses, courts, and streets is heavy with fæcal and other filthy emanations; and that each family in the city actually lives upon its own dunghill.

The water of the wells attached to the bakehouses, it may be added, is apt to be fouler than the common run of water from the stalings and dung of mules kept in the court-yards of the bakeries.

CHOLERA IN RUSSIA.

THE following are the latest returns of the progress of cholera in St. Petersburg:—

	New Cases.	Recoveries.	Deaths.
May 16th	1	2	2
17th	1	7	0
18th	1	0	2
19th	No return.		
20th	0	1	1
21st	4	3	1
22nd	4	1	1
23rd	7	7	2
24th	3	0	3
25th	3	1	1
26th	3	0	1
27th	4	3	1
28th	1	2	2

May 29th, cases remaining under treatment, 129. Totals from commencement of outbreak August 29th, 1870, to May 28th, 1871:—Cases, 4539; recoveries, 2582; deaths, 1808.

The returns for Moscow have not reached us in connected series. May 16th, 5 cases; 21st, 7 cases, 2 deaths; 22nd, 15 cases, 4 deaths; 23rd, 17 cases, 8 deaths; 24th, no return; 25th, 16 cases, 10 deaths; 26th, 2 cases, 2 deaths; 27th, under treatment, 47 cases.

New Inventions.

STYPIUM.

THE Liverpool Fibre and Oakum Company have forwarded us a small sample bag of stypium. It is manufactured exclusively from new and unworn materials, and is, therefore, free from the impurities contained in the ordinary carded oakum. There is no need to dwell upon the advantages of this material as a dressing for hospital and surgical cases, for these are generally recognised at the present day. Stypium is antiseptic, and has an agreeable odour. The above and the ordinary carded oakum are supplied by the firm, South John-street, Liverpool.

TAYLOR'S PATENT FLAX LINT.

WE have received some specimens of lint manufactured by Mr. W. G. Taylor, of Nuneaton. One consists of "Taylor's Patent Super A 1 Flax Lint," and contains a very small quantity of cotton; and the other, known as "Ellesmere No. 2 Lint," is made exclusively from flax. These appear to us to be of excellent quality, and not open to some of the objections that have been urged against several of the varieties of lint prepared in this country and elsewhere. We can confidently recommend them to the profession.

NEW SAFETY POISON-BOTTLE.

THE object of the inventors of this bottle is to render it at once distinguishable to the hand, so that if taken up in the dark no mistake could arise. The invention is a very simple one. It consists of a number of conical projections from the surface of the phial, so arranged that it is impossible to grasp it without being reminded of the nature of the contents. A poison-bottle of this kind might be alike usefully employed in dispensing and in the sick chamber. The inventors are Messrs. Lynch and Co., 171A, Aldersgate-street, E.C.

THE LANCET.

LONDON: SATURDAY, JUNE 17, 1871.

THE Medical Bill introduced by Dr. LUSH, commonly known as THE LANCET Bill, and the Bill introduced by Mr. BRADY, came on for the second reading on Wednesday. In any session it is a difficult matter to pass a Medical Bill; and in this session, characterised as it is by an almost entire arrest of the process of legislation, it has long been clear that no Medical Bill could be passed. All that could be done was to ventilate the subject more fully, to endeavour to show the defects in the measure of last year, and to suggest the true principles upon which legislation must be based, if it is to effect the medical reform principally needed—namely, a reform of the examining system by which men are licensed to practise medicine and surgery. There was one other advantage to be hoped for by bringing forward a Medical Bill in this fruitless session—the occasion so afforded of getting from a member of the Government a public statement of its views and intentions in reference to this great subject. All these advantages were gained by the course taken by Dr. LUSH and Mr. BRADY.

The debate was commenced by Dr. LUSH, who, after tracing the history of medical legislation for the last half century, came to the Bill of 1858, and showed wherein it was defective and faulty. He explained the incompleteness of the diplomas furnished by the different bodies under that Act, and the way in which the Medical Council which the Act created is constituted to the extent of three-fourths of the examining bodies. He ended by describing the three great provisions of THE LANCET Bill:—1. A smaller and more independent Council. 2. The appointment under this Council of an Examining Board in each division of the kingdom. 3. The appointment of Inspectors. Dr. LUSH justly complained of the expensiveness of the Council, of its imperfect powers, and of the small amount of work which it had done. The next speech was by Mr. JESSEL. It was really an excellent speech, excepting a few errors. The most important error was this—that whereas grinding for six or twelve months formerly sufficed to prepare a man for the examinations, *now* all this was altered, and examinations had become so practical that incompetent men could not pass. Mr. JESSEL has displayed an interest and an understanding of the nature of this subject which are very creditable in a non-medical member. We earnestly thank him for his attention to it; and have only to ask him to study the question still further. He will find that, in the opinion of Dr. PARKES, who has exceptional means of judging, the examinations are still such as to consist with the passing of very incompetent men. There was another strange point in Mr. JESSEL'S speech. He frankly admitted many good points in THE LANCET Bill, and especially that the examinations provided under it would be sufficient and honest; but he doubted whether they would be *progressive*, which he thought was the third quality to be desiderated in an examination. Why, this is the very quality specially provided for in the examining boards of THE LANCET Bill. They are to be composed of men specially fitted to examine in their respective subjects; and, to provide against routinism and unprogressiveness, the examiners are to be appointed only for five years, and are not to be reappointed. We only ask Mr. JESSEL to contrast the mode of appointment and remuneration of the examiners under THE LANCET Bill with the mode of electing examiners in any of the great examining corporations, and he will be satisfied of the superiority of the provision in the Bill for an independent, fair examination, and one up to the time in all branches. We regard Mr. JESSEL'S speech as one in favour of our principles, and shall confidently rely on his help in procuring the further recognition of them. On our part we would be willing to meet him half way in any reasonable modification of the Bill such as he suggested. There is little difference between him and us as to the many strong arguments for perfect freedom of medical education. Our ruling view throughout this question has been to depend on examinations, and to leave men to get their knowledge how and where they please. The next speaker was Dr. BREWER, who heartily supported the Bill, and naturally remarked on the aptness of the previous speech as one in support of the Bill. He was followed by Dr. LYON PLAYFAIR, in a speech evidently prepared, not to say pretentious. He displayed only an imperfect knowledge of the Medical Act of 1858. He magnified the services of the corporations in giving character and weight to the profession; and ended, in his usual way, with the expression of his opinion in favour of leaving such questions to the Government. Dr. PLAYFAIR seemed to argue as if the General Medical Council was only meant to provide a register of practitioners. We commend to his attention the Act of 1858, and the description which heads it—"An Act to regulate the Qualifications of Practitioners in Medicine and Surgery." Dr. PLAYFAIR observed upon the inconsistency of a Medical Council existing mainly for public purposes and supported entirely by the profession. But, with this exception, his speech was entirely wanting in practical suggestions for the amendment of the Medical Act, and was not worthy of the representative of so large a medical constituency as that for which he sits. Mr. BRADY and Sir JOHN GRAY both supported the suggestion made by most of the speakers to refer the question to a committee.

The debate was ended by an undertaking from Mr. FORSTER that, if the exigencies of public business permitted, the Government would bring forward a Bill next session. He would not undertake to say that they would deal with the Medical Council. But if they did not, and any private member should bring in a Bill to this effect, he would promise that it should be "considered." In deference to this undertaking the Bills were withdrawn. If Mr. FORSTER really wishes to adapt our examining system to the wants of the public, he will have no difficulty in devising a satisfactory Bill. The essential thing is to consider the demands of the public and of science first, and the vested interests of existing bodies last. If the next Medical Bill of the Government shall appear to be constructed on this principle, it shall have our cordial support. Meantime we have to urge the profession to abate nothing of its

interest in this question in the interval between this and next session. We cannot end without thanking the *Daily News*, and various provincial contemporaries, for their valuable support in this matter.

THE Army Bill has collapsed. We were promised a reorganised and consolidated force, adequate to the defensive requirements of the nation, such as should virtually put an end to the recurrence of those panics which invite the ridicule of continental powers. The Government has surrendered everything except the measure for the abolition of purchase and the transfer of a power from the lord-lieutenants of counties to the Crown. Politics and military organisation are beyond our scope; but we long ago pointed out, under the title of "A Doctor's view of Mr. CARDWELL's Bill," what appeared to us to be obstacles that would prove very great, if not insurmountable, difficulties in the practical working of the Government scheme. It was in the House of Lords that the measure first encountered something like real examination and criticism. The question of the abolition of purchase is but a part, and not the most important part, of the programme. The truth was beginning to break in upon people's minds that, if we were after all only going to have a nominal army and not a real one, Mr. CARDWELL's measure would scarcely pay the candle. Lord SANDHURST's gratitude to the present Government did not blind him to the practical defects of the measure. It was no doubt bewildering to the Government to find the wearer of a newly-conferred coronet using his position and power against those who gave him the dignity. Notwithstanding the terms of approval in which his Lordship spoke of some of the principles underlying the measure, he clearly perceived that the subject was mainly, as we have said before, a physiological and medical one. We enlist lads nominally of the age of eighteen, while it happens that they are often really younger. Such men are quite unequal to the task imposed upon soldiers during active service, and they cannot withstand the exposure of tropical service. The Royal Sanitary Commission long ago settled what should be the composition of regiments sent to India, to avoid the losses consequent on allowing unsuitable men to go there. They reported that no recruit should be sent to India under twenty-one years of age, nor until he had completed his drill at home—a recommendation which, as we know, has not been carried into effect. Medical officers of the highest rank and experience have been, and are still, pointing to the immaturity of the men sent to that country as one of the main causes of the high rates of sickness, invaliding, and mortality. If the youth of the men at the present time composing our regiments be a defect in our regimental system, it is clear that the creation of a reserve out of the standing army, by allowing soldiers possessing a certain length of service to quit the ranks and join the Militia, must tend to aggravate it. Lord SANDHURST's proposal is, in some respects, the converse of that put forward in the Government scheme. He would enlist men under twenty for the Militia alone, allowing at the same time a number of old soldiers to revert to the Militia from Line regiments. For the regular army, on the other hand, he would draw his supply from two sources: one, from the Militia of the men who had attained the age of twenty years; and the other, from the civil population of men who had reached twenty-one years of age. The Reserve Force would then be the nursery for our army recruits, while it would answer the purpose of a reserve for men who had seen service abroad. This plan would unquestionably overcome the difficulty of age; but it is of the nature of an experiment, for we do not know whether the supply for the Militia would be sufficient to sustain the drain on it, nor do we know whether the men would be desirous of quitting the one force for the other, or whether their officers would encourage them if they were. A youth of seventeen or eighteen is at an age when he is rapidly growing. He requires time, care, good food, and careful training to make him an effective soldier. Physical growth and development are in the greatest perfection, says Prof. AITKEN, where there is a due concurrence between age, weight, and stature. Physical maturity is of unquestionable importance with reference to the military strength of a nation. Age, weight, development, and strength are very closely correlated; and their due proportions are absolutely necessary to be maintained in order to enable a soldier to go through the fatigues and hardships incidental to a military life. Farmers and trainers are beginning to understand the importance of attending to this concurrence of age, weight, and stature. Up to the age of thirty years the skeleton framework of the body is still growing, and the whole man is only arriving at maturity. According to Mr. J. W. DANSON's tables in the Statistical Society's Journal for March, 1862, and those of Dr. LIHARZIK and Dr. BOYD, it appears that a young man who has reached the average height at eighteen years of age may still be expected to grow more than two inches before he is fully developed. The period of probation required for careful military training must be lengthened; for you cannot put a pack upon the back of a young recruit without injury to the growing bones of his chest; nor will he bear the frequent loss of a night's rest on guard, a long march, or fatiguing parade, without injury to his constitution. We are convinced also that the amount of food supplied to the young and growing soldier is insufficient to secure the full development of his physical powers. The consequence is that he is too often led to supplement his ration by bad liquors. Assuming that Lord SANDHURST's propositions be not adopted, or that they be considered undesirable or impracticable, we may sum up what seems to us to be the most practical methods of meeting the difficulties connected with the youth and immaturity of our recruits. We ought to retain them at depôts in England or some healthy climate until they have reached twenty years of age at the least; and if the exigencies of the service should compel us to send them to India under that age, and before they have completed their drill, they ought unquestionably to proceed to some hill station, there to be located until they are fitted to encounter, with a fair prospect of not breaking down in doing so, the climate of a station in the plains of India. But this is not all; for, let the recruit be stationed where he may, he will require a suitable diet and exercise, in order to attain a really good standard of health and efficiency.

To this end he needs an increased amount of meat in his ration, an almost entire exemption from night duties, and a military training carefully regulated to his age and strength.

THE Metropolitan Asylums Board has rendered a real service to the metropolis by calling the attention of the Government to the defective state of vaccination, and to the impossibility of stamping out small-pox without great alterations both in the principle and administration of the Vaccination Act. Some time back a deputation waited upon Mr. FORSTER, who suggested that the opinions of the whole Board should be reduced to writing and submitted to him, when they should receive his earnest consideration. This has now been done, and it is important to observe that all the essential principles for which we have been so earnestly contending are reproduced by the managers.

In the first place, as regards the metropolis, they lay down the principle that the control of vaccination should be placed on one uniform system, and that the powers for the whole metropolis should be vested in one body.

Secondly, they recommend that the system of districts be so far modified as to permit every resident to have access to the station most contiguous to him or her. This is now absolutely forbidden by the law in many localities. It would be a great boon to the poor, and greatly tend to promote the popularity of vaccination, to do away with the district system, and exchange the present complicated boundaries of unions and parishes for stations placed at reasonable distance and accessible to all who may choose to go to them.

Another point insisted upon is the desirability of placing the vaccination authority under the direction of one department of the Government. The Board do not pretend to say whether it shall be the Privy Council or the Poor-law Board. But it seems clear to them that the present division of authority has led to the gravest neglect.

But the most important suggestion is that the Government be invited to adopt the principle of Sect. 18 of the Scotch Vaccination Act, which enables the vaccination authority to issue orders for vaccination on the receipt of the list of defaulters from the registrar. This section would enable the vaccination authority to visit from house to house for the purpose of vaccinating the children of defaulters. Without destroying the principle of stational and arm-to-arm vaccination, this carrying of vaccination into the dwellings of the defaulters would reduce the necessity of proceeding to the enforcement of penalties to the very lowest point. In Scotland, it is found in practice that the resistance of the most ignorant gives way at once to the arguments and persuasion of an intelligent public vaccinator; and the object of Section 18 is to bring about this personal communication between them. Stational vaccination depends for its success upon the popularity of the operation to be performed; and the parent who has once been convinced by a visit of the public vaccinator will take his next child to the station without incurring the shilling penalty which the visit of that officer involves.

Lastly, the managers suggest that the authority for London should be empowered to make such provision for vaccination and revaccination as may be needed by the circumstances of the case—a most important recommendation; for experience has amply shown that the arrangements for revaccination have failed. Practically speaking, nobody in London was revaccinated at the public cost until the epidemic of small-pox had made considerable progress, and even then it remained all but impossible that any large proportion of the labouring classes could attend the stations at the inconvenient hours during which they are generally open.

The managers have expressed an opinion that the sale of lymph should be confided to authorised persons, and its adulteration made a punishable offence. We fail to see the exact object of this recommendation. All registered members of the profession are authorised to vaccinate, and thereby empowered to sell lymph; but we contend that, the introduction of gratuitous public vaccination having deprived the profession of the source from which they were in the habit formerly of obtaining their supplies of lymph, it is incumbent on the public vaccinators to supply them now gratuitously. This is the more necessary if the number of public vaccinators is to be still further reduced. If one man performs all the vaccinations in a district, he may monopolise the supply of lymph; and the richer portions of the public, who pay for the station, have clearly a claim upon the lymph thence obtained. It is a pity that the question of lymph-supply has been left in an unsatisfactory state; for it is certain that, at the beginning of the present epidemic, large establishments could not be vaccinated without incurring great expense for the purchase of lymph. We understand that the bill for lymph supplied to Hanwell Lunatic Asylum amounted to more than £25.

We can only trust that these admirable suggestions will make some impression upon the Government. No doubt they will be supported in Parliament by those members who are also managers of the Metropolitan Asylums Board. Nearly all are in accordance with the recommendations made by Drs. SEATON and BUCHANAN in 1863; and we believe that, if adopted, they would promote the end for which they are intended—viz., the eventual stamping-out of fatal small-pox.

THE Bill introduced into Parliament by Sir GEORGE JENKINSON, which proposes to exempt mothers who murder their infants when less than a week old from liability to capital punishment, is one that calls for the most earnest and serious consideration. It is somewhat calculated, unfortunately, to rouse a variety of feelings and prejudices that are opposed to serious consideration; and it will probably be warmly advocated, as well as warmly condemned, by many who do not bring to the question at issue either the knowledge or the thoughtfulness that would be required in order to give value to their opinions. In view of the prodigious amount of infanticide now occurring in the country, Sir GEORGE JENKINSON regards the penalty of death as one that stands in the way of conviction, and that introduces an undesirable element of uncertainty into the punishment that will follow the crime. He thinks that a lighter punishment would produce more frequent convic-

tions, and that these would exert a powerfully deterrent influence. It is objected, on the other hand, that his Bill would proclaim that infant life has no sacredness before the law; and that it would cause young children to be regarded as creatures distinctly less important, in the sight of GOD and man, than adults. We may say at once that we regard the question simply as one of public policy. We hold that capital punishment for murder is, on the whole, expedient; but that, in any changed state of society which might render it inexpedient, it might with perfect propriety be laid aside. We think, therefore, that the issue is narrowed to the single point, Would the Bill diminish infanticide?

It is a well-ascertained fact that offences once considered capital, and which were then frequently committed and seldom punished, have greatly diminished in frequency since a lighter sentence has been pronounced upon them. So far, at least, Sir GEORGE JENKINSON stands on an assured basis, and he might reckon upon producing a similar result with regard to any crime that the common feelings of the human race pronounce to be less than murder. Our own impression is that he has drawn the line at the wrong point; and we conceive that he may have done this designedly, with a view to revision in committee. We think the murder of a child at birth should not be a capital offence. In the first place, it is difficult of proof. In the next place, a puerperal woman is often in a state of mind in which she cannot be fairly judged by ordinary standards, and a jury of males will always regard her with much compassion. But when a woman has once had time and opportunity for the development of the maternal instincts, when she has overcome the immediate shock of parturition and has put her child to the breast, we should regard the murder of her infant with no indulgence, and we can see no reason, either in fact or in sentiment, for exempting her from the last penalty of the law. As a matter of fact, we believe that mothers who murder their infants subsequently to the actual time of parturition are mostly persons of the most heavily depraved and hardened character, belonging to a class that requires the strongest possible restraining or deterrent influences, and upon which the sympathy of pseudo-philanthropists is greatly thrown away. In that well-known book, the "Revelations of a Prison Matron," there is an account of a child-murderess whose sentence was commuted, and who used to enliven her fellow-prisoners by descriptions of the way in which she threw the "little beggar" down a well. We have known other cases, equally bad, in which also the offenders, although convicted, have escaped capital punishment; and we think that, really, the traditions of courts of justice and of the Home Office practically do very much what Sir GEORGE JENKINSON desires to legalise. We go with him, therefore, as far as the first twelve hours of infant life are concerned; and we say twelve hours only, because, in any such enactment, an arbitrary line must be drawn somewhere. But on the other side of this line we would be much disposed to protect infant life by the judicious employment of hanging. In proportion to the weakness of an individual should be the degree of protection extended to him by the law; and to this general rule we see no reason why our care for young children should furnish a conspicuous exception.

Medical Annotations.

"Ne quid nimis."

HOSPITAL ELECTIONS.

WE print elsewhere a letter from Dr. Holland, of Guildford, called forth by our comments upon the recent election at the Surrey County Hospital. Dr. Holland, it will be seen, objects to our proposal of a mixed lay and medical committee, if the medical element were to be taken from the acting staff; and he suggests that it should be taken only from the consulting staff of the hospital. In the propriety of this suggestion we cannot altogether concur, although we see and sympathise with Dr. Holland's reasons for making it. But it seems to us just that acting medical officers should have a voice, and an influential voice, in the selection of the colleague with whom they will have to work. If we admit it to be possible that they might sometimes be blind to the professional merits of a rival practitioner, or even that they might deliberately prefer (and this is carrying hypothesis a long way) to aid in the appointment of the candidate whose competition for practice was the least likely to be formidable, we must also admit that every human arrangement has its contingencies of fallibility. We think it likely that the acting staff would, as a rule, attach more importance than they might at first sight seem to deserve to personal qualities lying outside of such as are strictly professional. But experience teaches that the personal qualities which apply oil to the complicated wheels of human life are of especial value in the working of an institution; and it would be easy to name some very good practitioners who are by no means satisfactory colleagues. In a mixed lay and medical committee, the medical members would of course be called upon to state, plainly and explicitly, their reasons for preferring A to B; and we think it would be better to neutralise any medical leaning towards the *idola tribus* by framing the lay element of the committee from outlying governors than to cast upon the acting staff such a slur as our correspondent would suggest. The whole subject of the mode of electing to hospital offices is in a most unsatisfactory condition. We observe that one of the governors of St. Mary's is about to bring forward suggestions for some change in the bye-laws there in force; and we think it would be an extremely desirable thing if means could be devised for taking the general sense of the profession upon the questions at issue. The British Medical Association might, we think, profitably devote time to the discussion of the matter; and would, by doing so, render good service to the public.

DIRT AT DUDLEY.

THE aspect of most of the towns in the Black District is such that they might fairly be called black towns; but if the revolting state of filth which the investigations of the Privy Council inspectors have shown to be less exceptional than might have been expected in this favoured country, and a high rate of mortality, entitle a place to be designated "black," Dudley certainly has a double claim to that title. The sanitary condition of Dudley has recently been investigated on behalf of the Medical Department of the Privy Council, by Dr. Thorne Thorne, and at an interview with the Town Council he gave some account of his inspection, and urged the immediate adoption of certain remedial measures. The condition of some parts of the town almost passes belief. Typhus is epidemic, and the sick are huddled together with the yet unsmitten on beds, or heaps of filthy shavings, regardless of age, sex, or relationship, in apartments which afford a fearfully small area of breathing

space; in one of the worst instances a single apartment afforded sleeping accommodation and 138 cubic feet of air each, to eight people, each of whom had had the fever. The details given of the condition of the courts and lanes, indicating serious default on the part of the Town Council, are revolting in the extreme. Imagine, for example, a block of fourteen houses being provided with only one privy, which the inspector was unable to examine because it could only be approached by climbing over a dilapidated out-house filled with refuse! Dr. Thorne's representations resulted in the immediate provision of hospital accommodation for the fever patients, and the carrying out of a thorough system of disinfection. When the inspector's report is issued by the Privy Council Office, we shall have fuller information, and shall probably learn that the Lords have advised the Town Council to take decisive steps which will render such filth and preventable disease for the future impossible.

POISON REGULATIONS.

THE Government have very speedily shown their determination not to allow the body of pharmaceutists to defeat the intentions of the Pharmacy Act in the matter of poison regulations, for a short Bill to secure the adoption, in dispensing, of proper safeguards against accidental poisoning was introduced into the House of Lords, by the Lord President, a few evenings since, and will probably have been read a third time before this journal is in the hands of our readers. The preamble of the Bill states that, whereas the Pharmaceutical Society have failed to submit, for the consent of the Privy Council, any regulations for the keeping, dispensing, and selling of poisons, it is expedient to make further provision for the making of such regulations. Clause 2 provides that the recited powers of the Pharmaceutical Society, under the principal Act, shall cease, and the Council of the Society may submit from time to time to the Privy Council regulations of the kind required for approval, and if at any time it appears to the Privy Council that there are no regulations, within the meaning of the Act, in force, then the Privy Council may serve a notice on the Council of the Society, requiring them to frame such as are necessary within a limited time, not less than two months, and in default of the Society making them, or obtaining the approval of the Privy Council thereto, that the latter may themselves frame regulations to be generally adopted. This measure, considering the recent behaviour of the Pharmaceutical Society, seems a most moderate one. It gives that body, through its Council, a chance of withdrawing from the false position into which it has been placed.

THE BRAIN AND SPINAL CORD IN DUCHENNE'S PARALYSIS.

SOONER than this we should have noticed a short paper by Mr. Kesteven in the *Journal of Mental Science* for January, in which he describes the appearances met with in the brain and spinal cord of a boy who died from pleuro-pneumonia, but who was the subject both of imbecility and Duchenne's, or the pseudo-hypertrophic, muscular paralysis. The paper is important for two reasons. First, because of the scarcity of examinations of the nervous centres in this rare and peculiar disease, this being the first. Previous observations have yielded no positive results as to the state of the nervous centres. The second reason is, that Mr. Kesteven is one of the few microscopists capable of making such an examination. The muscles of the calf and left ventricle were examined, and the tissue was found in the state described as the characteristic appearance of this disease. "The muscular substance is pale, almost white, and very greasy. The superabundance of fat is evident to the naked eye.....The muscular fibres present the ordinary striation, but less distinctly than usual. The ultimate fibres are pale, and separated by a large increase of areolar and fibrous tissues," giving the double result of a want of power and an apparent increase in the bulk of the muscles.

Mr. Kesteven found two morbid appearances in the brain and spinal cord. First, dilatation of the perivascular canals throughout the brain and spinal cord; and, secondly, numerous circumscribed spots of granular degeneration of the nerve substance. The dilatation of the perivascular canals was observable throughout the brain and spinal cord. The exact import of this appearance is still a matter of debate among pathologists. The spots of granular degeneration were irregularly scattered in the white substance adjoining the grey matter of the convolutions. Very few were noticed in the grey matter itself. The form of these spots was generally circular, some few were lobulated. Mr. Kesteven says, "they are evidently spaces caused by loss of cerebral tissue replaced by morbid matter." They were few in the corpus striatum and thalamus opticus, as also in the medulla oblongata and spinal cord. It would be premature to consider these lesions as essentially connected with the pseudo-hypertrophic muscular paralysis. The patient was imbecile in this case, which is not usual, and it is probable that the lesions of the cerebro-spinal centres are to be associated rather with this condition than with the paralysis. Mr. Kesteven will do good service by multiplying such observations as occasion may offer.

THE AMENDMENT OF THE REGISTRATION ACT.

A BILL has been introduced into the House of Commons by Dr. Lyon Playfair to amend the law relating to the Registration of Births in England. The Bill is under distinguished sponsorship, for it is backed with the names of Sir George Grey, Mr. Walpole, Sir C. Adderley, Mr. Bouverie, Mr. Sclater Booth, and Dr. Playfair; and it might have been reasonably supposed that the combination of two ex-Home Secretaries, the Chairman of the Royal Sanitary Commission, and so experienced a member as Mr. Bouverie, would have been sufficient guarantee that the Bill would be free from the taint of amateur legislation. Yet it seems to us little different from the many crude attempts at law amendment which every session witnesses. It conveys the idea that its promoters have but an inadequate conception of the nature and extent of the alterations in the existing Registration Act which have been over and over again shown to be necessary in the public interests. We are not prepared to deny that piecemeal legislation is sometimes advantageous, as when it is requisite to educate the public gradually up to the full acceptance of some principle which runs counter to their prejudices or their accustomed habits. But the amendment of the Registration Act will not seriously be affirmed to require this tentative mode of handling. The Act has been in operation ever since 1837, its working is perfectly well understood from the top to the bottom of the social scale, its defects are patent and have been acknowledged for years; the remedies are equally obvious, and they are such as admit of being embodied in an amending Bill, which, if properly introduced to Parliament by a responsible Minister, would pass with probably little or no opposition. Dr. Lyon Playfair and his coadjutors, however, have thought it worth while to deal with one branch of the subject, leaving the other equally important parts of it entirely out of consideration. Their Bill simply proposes to make the registration of births compulsory under a penalty of £5. Well, we have not a word to say, of course, against this object, inas-

much as we have repeatedly urged, for various reasons that all births should be registered, one of them being that a compulsory Vaccination Act could never be properly worked until we had compulsory birth registration—a view which has been confirmed by the recent report of the Select Committee on Vaccination. But then we want something more. And not only ourselves, but the Royal Sanitary Commission, whose chairman has associated himself with the Bill now under consideration, have explicitly affirmed that the Registration Act requires amendment in respect of the non-registration of still-born children, of the numerous cases of death uncertified as to their cause by medical certificates, and of burial without registration certificates—in addition to making the registration of births compulsory. Indeed, the most complete demonstration of the defects of the present Registration Act is to be found in the Annual Reports of the Registrar-General himself, notably in his twenty-seventh volume.

This being so, we ask whether any advantage is to be gained by splitting the amendment of the Act up into two or more pieces? Is it not rather likely that, in remedying the defects in the registration of births alone, the chance of getting the other defects of the Act, which are rather of scientific than of popular interest, remedied at an early period is greatly lessened?

Sooner or later, legislation must take place upon the recommendations of the Royal Sanitary Commission, not the least important of them being the amendment of the Registration Act, and we are strongly of opinion that it would be better in every way to bear another year's delay than to have one defect tinkered up, leaving others closely allied untouched.

MULBERRY LEAVES.

IN the *Annalen der Chemie und Pharmacie* for April of this year, Dr. E. Reichenbach gives some interesting details concerning mulberry leaves grown in Turkestan. The point of interest is their extraordinary richness in nitrogen, the following being the percentages of nitrogen in the dried leaves of five different varieties of Turkestan mulberry, according to Dr. Reichenbach's analyses:—Kassak mulberry leaves, 4·00 per cent. of nitrogen; Marvaritak, 3·44; Khorasmine, 4·05; Balkhi, 3·38; Schah-toute, 3·81. Striking an average, therefore, the mulberry leaf of Turkestan, when completely dried, contains 3·73 per cent. of nitrogen. This is sensibly higher than the proportion of nitrogen in Japanese and Chinese mulberry leaves, which contain 3·29 and 3·13 per cent.

By comparing the dried mulberry leaf with, for instance, dry bread, which contains only 2·22 per cent. of nitrogen, a fair idea of the nutritive value of the former may be obtained. And the case of the mulberry leaf should, we think, remind the medical practitioner that different culinary vegetables, salads, and fruits, are not to be despised as articles of diet.

Appended to Dr. Reichenbach's paper is a notice by Liebig on the bearing of the fact on diseases of silkworms, which he endeavours to connect with impoverishment of the mulberry trees from which the worms derive their food. Liebig says: "In China, Japan, and Turkestan the silkworm disease is unknown, or almost unknown; and in these countries, where silk had been grown for hundreds of years before its introduction into Europe, we know that the tree or shrub which feeds the silkworm is tended with as much care as the vine in wine-growing countries—it is pruned, and the ground carefully dug up and manured. In Northern Italy and France hardly more attention is bestowed on the mulberry than on any other tree that grows wild in the woods."

Liebig appears to think that a little of the labour which Pasteur (whom it is so much the fashion to laud at the present moment) has devoted to microscopic investigations in connexion with the silkworm disease might with advantage have been expended on chemical investigations into the condition of the mulberry plant, and the soil in which it grows. He remarks that if the culture of silk had been as important in Germany as it is in France and Italy, such investigations would not be wanting.

ST. MARY'S HOSPITAL.

ON Friday, the 9th inst., Dr. Broadbent, Dr. Meadows, and Mr. James Lane were elected to fill the vacancies caused in the senior staff of St. Mary's Hospital by the retirement of Dr. Sibson, Dr. Tyler Smith, and Mr. Samuel Lane at the expiration of the period of office for which they were eligible. These gentlemen, who have been connected with St. Mary's Hospital since its foundation in 1851, have done much to raise the character of the institution, both as a charity and as a school of medicine. Mr. Lane was the main support of the medical school of St. Mary's at its first institution, taking with him as he did the long-established reputation of his own school in Grosvenor-place; and his practical teaching in the wards has fully equalled the more systematic instruction of the lecture-theatre, for which "Lane's school" was so justly celebrated. Dr. Sibson's devotion to clinical investigation is well known, and his standard work, on "Medical Anatomy," is the best evidence of work done in the wards and dead-house of St. Mary's. Dr. Tyler Smith has by his practical teaching added to his reputation as a writer on gynæcological subjects.

For the vacancies in the junior staff, caused by the promotions of Dr. Broadbent and Mr. James Lane, we understand that Dr. Payne and Mr. E. B. Owen, who are already connected with the medical school, are likely to be the successful candidates.

RAPID CURE OF ABDOMINAL ANEURISM.

WHEN Dr. William Murray, of Newcastle-on-Tyne, succeeded, for the first time in the history of surgery, in curing an abdominal aneurism by pressure in a few hours, he was still apt to be met by the remark that the case was not one of aneurism at all. Now, however, this cavil has been answered. In 1870, six years after the cure, the poor paviour who had been the patient died, and the post-mortem revealed the appearances proper to an aneurism cured by the compression and obliteration of the vessel at and below the seat of pressure, and, unfortunately, the existence of another recent aneurism too near the diaphragm to be cured by pressure as the first had been. The reports of several cases since in which the compression of the aorta under chloroform has resulted in the consolidation of the contents of aneurisms in an incredibly short time, such as twenty minutes, as in Dr. Heath's case, or twenty-three minutes, as in a case by Mr. Lawson, are apt to diminish our sense of the credit due to Dr. Murray, as the first physician to suggest this method. The pamphlet, however, in which he records the full history of his case will be read with much interest. Physiologically or surgically considered, the case is important. To arrest the circulation through the abdominal aorta by a pressure only tolerable under chloroform, though lasting only a few hours; to stop the pulsation of the femorals; to bring about, along with the entire disappearance of pulsation in the tumour, coldness and numbness of the extremities; to have the patient out at the end of a week, and walking a quarter of a mile, taking work as an engine-fitter in less than three months, and continuing to work variously but

laboriously for six years, though at the end of that time compelled from the urgency of poverty to take to the work of paving, that caused the first aneurism, and soon landed him in a second,—is certainly to enlarge our notions of the resources both of nature and surgery, and to add to the brilliance of the art of healing. It is wonderful to find that the aorta can be so occluded with safety, and without apoplexy or other fatal results. Dr. Murray considers the cure effected by the production of coagulation of the blood in the sac, and that this, unlike the slower method of cure by fibrinous lamination, which extended over weeks, can be accomplished in minutes. It is a noticeable feature of these successful cases that the stoppage of pulsation in the tumour, though often not noticed at first, at length takes place rapidly. Dr. Murray includes in his report an account of the system of anastomosis of vessels, by which the occlusion of the aorta was compensated for. We commend Dr. Murray's pamphlet to the study of the profession, as recording an operation of great credit, of much promise, and of high physiological interest.

A NEW METHOD OF CITY SANITATION.

PROFESSOR PARKES'S Report on Hygiene for 1870 contains a reference to a proposal in one of the Health Reports of New York, which, for its originality and practical merit, he characterises as truly American. Looking to the immense difficulty of cleansing the low crowded quarters of the city of New York, and to the impossibility of rendering the air pure, and considering the immense advance in the means of movement and in practically lessening the distance between two points, it is suggested that, instead of removing the filth generated by a dense population, it would be better to remove the crowded population itself to the neighbouring country, and to pull down the town houses, so as to open spaces and benefit the neighbouring houses. Railroads and steamboats to carry passengers quickly and cheaply through the city deserve, it is said, approbation and encouragement as the wisest of health measures. Dr. Parkes, in commenting on this suggestion, remarks that it contains a great deal of truth, and that it would be well if the immense crowd of small houses now erecting in the suburbs of London could be laid out on a good plan, with spaces and fields between them, and not allowed to be built in a way which merely reproduces in the suburbs many of the mistakes and disadvantages of the old city. As another illustration we may add that the inherent structural defects of many of the streets and courts in Liverpool are such that no amount of money laid out in alterations and improvements, with a sanitary end in view, will ever render them satisfactory and healthy places for human habitation.

FEVER HOSPITALS.

IT is most desirable that the Metropolitan Asylums Managers should take early steps for appropriating one of the fever hospitals, now occupied by small-pox patients, to the purpose for which it was originally built. There are some indications of epidemic fever. Ten fresh cases have been reported from one locality, and there was a great augmentation of the mortality from fever for the week ending June 10th. As it would be necessary to cleanse and disinfect the buildings, bedding, and appurtenances, some weeks would necessarily elapse before the possible occupation of the hospital by fever patients. We would therefore recommend the managers to take time by the forelock, as the period of year when typhus and typhoid specially prevail is rapidly coming on, and it would be a great misfortune if the means of isolation were inadequate at the moment when they are of the utmost use.

ALBUMEN.

THE importance of a knowledge of the chemical structure of albumen is so great that any new facts connected with its chemical history are of interest. M. Loew has recently made a nitro-substitution compound of albumen, to which he has given the name "hexanitro-albumen-sulphonic acid." This compound is prepared as follows:—Ninety cub. centim. of fuming nitric acid are mixed with 270 cub. centim. of concentrated sulphuric acid, and the acid mixture cooled. To it are next added gradually, in small portions at a time, 30 grammes of finely-powdered albumen. The albumen slowly dissolves without disengagement of nitrous fumes; and the resulting solution, which must be kept cool, is allowed to stand for about ten hours, and then poured into about fifteen times its volume of cold water. A voluminous precipitate is produced; and this is to be filtered, washed with warm water, and dried. In this manner a powder of a light-yellow colour, and slightly bitter taste, is obtained; and this is hexanitro-albumen-sulphonic acid—

$$C_{72}\,H_{101}\,(NO_2)_6\,SO_2\,OH\,N_{18}\,SO_{22}.$$

It is soluble in dilute alkalies, forming a reddish solution. Reducing agents occasion replacement of $(NO_2)_6$ by $(NH_2)_6$, yielding hexamido-albumen-sulphonic acid. M. Loew has also obtained albumen-sulphonic acid by the action of concentrated sulphuric acid on albumen. The formula for albumen itself which M. Loew adopts is $C_{72}\,H_{108}\,N_{18}\,SO_{22}$; and on inspection it will be understood that the nitro-compound above described is derived from it by substituting $(NO_2)_6$ for H_6, and by adding SO_3. One point in the history of the new compound still requires to be cleared up—the yield of nitro-compound is not more than two-thirds of that required by the equation.

HOW TO MAKE VACCINATION UNPOPULAR.

THE authorities of Islington must be wishing to make vaccination unpopular, or they would never have summoned a poor man named Jones for not taking his children to the vaccination station to have their arms inspected. The man, who appeared very ill, and who had risen from his bed to obey the summons, stated that he had been ordered by the district medical officer not to take the children to the station because there was small-pox in the house, and a child lying dead of it in the next room; and it seemed to both that there was danger of spreading the disease in this way. The magistrate nevertheless fined the man twenty shillings on each summons, or in default fourteen days' imprisonment in the House of Correction. The defendant, who had not a farthing of money, was removed in the prison van, he at the same time saying that he and his family were often without food.

It seems clear to us that this man has been most cruelly treated. So far from being forced under such circumstances to take his children to the public station, to propagate small-pox contagion amongst unprotected children, there ought to be a law forbidding the use of the public stations by any one residing in an infected house. It is a great pity that the idea of stational vaccination is carried to the length of being made a means of propagating small-pox; and it ought to be at once recognised that vaccination must be done from house to house in epidemic seasons.

EXPOSURE OF SMALL-POX PATIENTS.

THE wife of a licensed victualler was fined £5 at the Southwark Police Court for having wilfully exposed her maid-servant while suffering from small-pox. The unfortunate girl, whilst suffering from this complaint, was ordered to leave the house, and was in the street several hours. At the Westminster Court the medical officer of health of

St. George's, Hanover-square, applied for a summons against a vendor of milk under the following circumstances:—This person, whilst recovering from small-pox, had been in the habit of serving customers in her shop. The magistrate told him that the Act of Parliament only applied to cases of out-door exposure, and reluctantly declined to grant a summons. If this be the right construction of the Act, which we have no reason to doubt, it is a very obvious defect in the law, and affords another proof of the correctness of the vulgar proverb that you may always drive a coach and six through an Act of Parliament.

THE PHYSIOLOGICAL ACTION OF CONIA.

THE following observations of M. Verigo on Conia appear in the *Centralblatt* (No. 2, 1871), translated from the Russian *Archiv für Gerichtliche Medizin*. The experiments were made upon man, frogs, rabbits, and dogs. 1. Conia acts most strongly upon the spinal cord, affecting especially the motor nerve-fibres. 2. This action is exhibited in frogs by the phenomena of paralysis, without any trace of convulsion, whatever the dose of the poison. In mammals, on the other hand, the most violent convulsions occur after large (lethal) doses of the poison, whilst after small or non-lethal doses paralysis of the extremities only occurs. 3. The phenomena of paralysis proceed from the spinal cord to the peripheric system of the motor nerves, which therefore first become affected after the cord itself. 4. The brain appears to be but little affected by conia. 5. The sensory nerves are scarcely at all affected. 6. Administered in small doses, conia retards respiration; and in large doses may altogether paralyse the respiratory acts, which depend not, as Kölliker supposed, upon an affection of the peripheric nerves, but upon paralysis of the spinal cord. 7. The convulsions produced in mammals by conia form a tolerably certain indication of the fatal issue of the case in which it has been administered. They constitute a symptom of the poisonous action of the drug, and do not depend upon paralysis of the respiration. 8. The blood does not appear to undergo any alteration, the corpuscles at any rate retaining their capability of absorbing oxygen. 9. Conia exhibits no action upon the heart or upon the pulse. 10. It depresses the temperature of the body, and to a greater extent the more distinctly the paretic symptoms are produced. Its action on the pupil is not constant. 11. The action of conia is more strongly and more rapidly expressed when it is injected directly into the veins, more feebly when it is injected into the stomach, or subcutaneously injected. In the two latter cases the action is identical. 12. Conia has no influence on the quality or the quantity of the urine. 13. When applied externally it only produces slight itching and redness. 14. Post-mortem examination shows no appearances characteristic of poisoning with this drug.

THE REPORTS OF THE MEDICAL OFFICERS WITH THE BELLIGERENT ARMIES.

WE gather from Mr. Cardwell's reply to a question put to him by Colonel Anson that the reports of the army medical officers who proceeded to the belligerent armies in the late Franco-Prussian war will not be published, but considered as confidential documents. Mr. Cardwell remarked that unless such were the case it could not be expected that foreign Governments or military services would be willing to receive medical officers accredited to them for the purpose of gaining information and reporting thereon to their own Government. It does not appear, from anything he said, that the War Minister has read the reports, or, indeed, that they have all yet been furnished to the War Office. It may be that they contain nothing of a character likely in any degree to compromise their authors or the Government of this country. As regards the purely professional details, such as the treatment of gunshot and other injuries, and other subjects of a like character, it is scarcely likely that the publication of these could be attended with any breach of confidence, or be calculated to wound the susceptibilities of anyone.

SCURVY.

THE Medical Inspector of the Board of Trade has been engaged during the past few days in holding an inquiry at West Hartlepool, relative to a severe attack of scurvy that occurred on board the barque *Lebanon*, on the passage from Pensacola to England. Six, out of a crew of sixteen hands all told, were entered for treatment at the Hartlepool Infirmary, and Mr. F. H. Drake, the resident medical officer, reports three of these cases as being very severe. The Marine Department of the Board of Trade have acted judiciously in thus initiating a full and prompt inquiry, but we again reiterate that the results of these investigations should be published. It is well known that many have been held since the Merchant Shipping Act of 1867 came into operation, and in justice to the promoters of that Act, as well as to sanitary science afloat, the public should be informed whether, and to what extent, the legislation of the last three years has brought forth fruit.

SANITARY STATE OF THE GORT UNION, IRELAND.

A GOOD example of the interest taken in sanitary affairs by the Irish guardians of the poor has just been presented to Parliament on the motion of Dr. Ball. During the last year the villages of the Gort Union have been suffering from fever. In January, 1870, there were nineteen cases in the village of Skehanagh and six deaths, and it was reported that the houses were in a very filthy state, leaky, and requiring thatch. In September last Dr. Nolan, the medical officer of the Gort Dispensary, was called upon to inspect them. He found an entire absence of cleanliness. There was no trace of lime- or white-wash, and the roofs were in a most defective state. He said typhoid fever must continue until proper steps were taken to remove these evils. It appears the property is in Chancery, and the receiver, upon being written to, refused to recognise any right on the part of guardians to comment on the state of the property of which he had charge.

REMOVAL OF SMALL-POX PATIENTS.

IT is to be regretted that no sufficient arrangements have as yet been made for the safe removal of patients to the small-pox hospitals. Several patients have recently arrived at these hospitals in a moribund state. On the evening of June 5th, W. S. Salmon, aged forty-five, was admitted to the hospital at Homerton, and died the same evening. He was removed in a cab, in an upright position. He was not supplied with any refreshment on the route, and when he arrived at the hospital he was pulseless and gasping. We think that an inquest ought to have been held in this case, as it is probable that the patient's death was at least accelerated by this improper treatment.

THE LICENSING BILL.

As Mr. Bruce has succumbed for this session to the array of vested interests in the sale of intoxicating liquors, he is wise to guard against any accession to the hostile forces before he next attempts to grapple with the licensing question. He has brought in a Bill to suspend the grant of new licences until October, 1872, and as Parliament will hardly

refuse its sanction to such a measure in view of coming changes, the liquor traffic will have, for a year, to submit to confinement within its present limits, preparatory, we trust, to its ultimate considerable diminution by force of law.

A SIGNIFICANT LITTLE FACT REGARDING VACCINATION.

IT is well, perhaps, when a number of dangerous theories and doubts prevail amongst certain classes of the public with respect to vaccination and revaccination, to bear in mind some small facts like the following, which might be multiplied to any extent. A correspondent writing from Gibraltar informs us, on the authority of Mr. Henry Stokes, the officer of health for that port, that on the arrival of the Peninsular and Oriental steamship *Myanza* at Southampton from her last trip to the Mediterranean, the whole of the officers and crew, save one man, a sailor who obstinately refused to have the operation performed, were revaccinated. When the *Myanza* reached Gibraltar on the 1st instant, on her outward voyage, she landed this identical man for treatment at the Civil Hospital covered with small-pox eruption.

VENTILATION OF THE LIVERPOOL SEWERS.

SOME very remarkable evidence as to the dreadful want of ventilation of the Liverpool sewers was given to the Committee now investigating the question as to whether special preparation was made for the inspection by Drs. Parkes and Sanderson. Mr. Wm. Sainsbury, one of the district surveyors, stated that it would be impossible to clean out the Atherton-street sewer with only one manhole open. The men could not live in the sewers until the plugstones in the streets had been removed from the openings to the vertical shafts. This is admitting the charge which we brought against the state of sewer ventilation in Liverpool, and proves the utter inutility of the playthings described as ventilators. Mr. Alderman Bennett has written to request that Drs. Parkes and Sanderson may be informed of this statement, and that the plugstones were raised several hours previous to their inspection.

THE BRITISH ASSOCIATION.

THE announcement has been made by circular to the members of the Association that the next meeting will take place at Edinburgh on August 2nd, under the presidency of Sir William Thomson, F.R.S., Professor of Natural Philosophy in the University of Glasgow. It is understood that great facilities will be given by the several railway companies to members desirous of attending the meeting.

IN answer to numerous correspondents we have to announce that subscriptions to the Cordy Burrows testimonial should be sent in with as little delay as possible to Messrs. Hall, Lloyd, and Co."s bank, Brighton; or to the London and County Bank, or the Hampshire Bank in the same town. Few local movements are better entitled to general support than the present. Mr. Cordy Burrows' relations with Brighton and its neighbourhood, whether as a citizen or a professional man, being nothing short of exemplary.

SMALL-POX is said by the *Gateshead Observer* to be spreading rapidly in Sunderland, the disease having caused no less than 22 deaths last week out of a total mortality from all causes of 56. The Town Council have decided forthwith to provide a hospital to accommodate 100 patients.

THE managers of the Stockwell Small-pox Hospital have issued an invitation to the guardians of the poor to visit and inspect the arrangements, which are now complete and in full work. It is doubtful whether the invitation will be generally accepted; indeed we are by no means confident that it is desirable that it should be, as it is not impossible that the visitors might take away contagion to their families.

THE Hastings prize medal of the British Medical Association has been awarded to Dr. J. Milner Fothergill, of Leeds, for his essay, "On Digitalis, its mode of Action and its Use." The adjudicators, Drs. Charlton, A. P. Stewart, and Waters, described it as an essay of great original merit.

IT is in contemplation to provide a cottage hospital for the town and district of Chippenham, Wilts. As regards the necessary funds it appears that a substantial nucleus exists in the shape of an unappropriated balance of £182 remaining on hand from the sum raised in Chippenham some years ago for the relief of distress in Lancashire.

THE Lincolnshire Seaside Convalescent Home at Mablethorpe was opened last week, under the auspices of the Earl Brownlow, lord-lieutenant of the county, the Bishop of the diocese, and a numerous and influential gathering of county and local representatives.

THE report of the Chairman of the Commission on the Contagious Diseases Acts, recommending the repeal of the Acts of 1866 and 1869, will, it is believed, receive the support of a considerable majority of the Commissioners—fourteen, it is estimated, against ten.

MR. S. TILLEY, medical officer to the Rotherhithe vestry, having applied for an increase of salary on the ground that his duties had largely increased since his appointment, has been presented by the vestry with a gratuity of £50.

MR. STAPLETON, M.P., has given notice of his intention to move in Committee on the Metropolis Water Bill a clause making it obligatory upon all the companies to give a supply on Sundays exactly as on other days of the week.

WE hear that Dr. John Harley and Dr. Payne have been elected assistant-physicians, and Mr. Francis Mason and Mr. Henry Arnott, assistant-surgeons, to St. Thomas's Hospital.

SMALL-POX caused altogether 29 deaths in the eight principal towns of Scotland during the month of May last; in London alone the deaths from that disease in the same month were over 1200.

DR. WILLIAM MARCET, we understand, has just resigned his office of physician to the Consumption Hospital, preparatory to settling at Nice in future for the winter season.

WE learn that there has been a good deal of sickness at Malta of late. Diphtheria, small-pox, and fever have been the prevailing diseases.

A BILL to amend the Vaccination Act, 1867, has been introduced by Mr. Forster, and read a first time. The second reading is fixed for Thursday next.

TYPHUS FEVER is said to be prevalent in Dublin. The Lord Mayor has just succumbed to a very severe attack.

CONVERSAZIONE AT THE ROYAL COLLEGE OF PHYSICIANS.

ON Wednesday, at 9 P.M., the Royal College of Physicians threw open its stately portals to a brilliant company of guests. The library, the small library, the lecture theatre, and the lower room had each its assortment of attractions, scientific and artistic; while the dining-room supplied refreshments, not ungrateful during the heat and crowd of the evening. Indeed, we do not remember to have seen a greater number of inmates within the walls of the building; and certainly the objects exhibited were such as to invite and reward inspection. Among the works of art were Mr. Holyoake's portraits of the Princess Louise and the Marquis of Lorne; Mr. Frederick Sandys' fine picture of Mrs. Anderson Rose; two Madonnas, the contributions of Drs. Hare and Bishop respectively; vases and cameos; copies in mosaic of figures in the blank windows of Cardinal Wolsey's Chapel, at Windsor, with a selection of modern Venetian glass (sent by Salviati and Co.); photographs, autotypes, and heliotypes of surpassing excellence; the remarkable etchings of Mr. Seymour Haden; selections of fossils and diamonds from South Africa, and gold from New Zealand; specimens of Japanese and Persian decorative art; curiosities of the Esquimaux and North Pacific Islanders (the contribution of Dr. Rae); electro-thermometer for deep-sea soundings and other scientific instruments sent by Sir C. Wheatstone; specimens of microscopes by Messrs. Ross, Murray and Heath, How, and Powell and Lambert; a spectroscope for use in the Bessemer process, showing the spectrum of silver, with other specimens of the same class of instruments, contributed by Mr. Browning; Mr. Appe's electrical recording anemometer; Mr. G. H. King's aquaria, teeming with marine animals, hippocampus, and others; Mr. Crouch's microscopic structure of Eozoön Canadense, from Dr. Carpenter's dredgings in the Philippine and Ægean Seas, &c. &c. These and many other interesting works (among which a portrait of Archbishop Manning should not be forgotten) were on view in the library; while in the lecture-theatre demonstrations were given every half-hour by Dr. Norris of experiments illustrative of the passage of blood-corpuscles through the walls of blood-vessels; and in the small library were exhibited Mr. Anderson Rose's "Choice specimens of Engraved Portraits"—a wonderful collection which kept the apartment crowded till the close of the evening. In the lower-room Professor Tyndall exhibited Lissajon's experiments "On the Combination of Vibration of Tuning-forks"; and "On the Examination of a Vibrating Glass Rod by means of Polarised light." The *conversazione* was a memorable one, even for the Royal College of Physicians, so well inspired, generally, on such occasions. Nothing, indeed, but want of provision for ventilation better accommodated to the number of guests occurs to us as in any way detracting from the success of the evening.

CONSTANT WATER-SUPPLY.

Two admirable reports upon the constant supply of water in Norwich and Manchester have just been prepared for the Government by Mr. Pole, F.R.S., late secretary to the Royal Commission on Water-supply. The case of Norwich is one of peculiar interest. In the early part of the century this city was supplied on the intermittent system. In the year 1850 it was attempted to introduce the constant system, but difficulties arose. The old mains were too weak to stand the pressure. The service pipes were totally insufficient, and the leakage was almost ruinous to the company; in fact, the waste in 1858 became so great that the company were obliged, contrary to the provision of the law, to shut off the water from the mains during several hours of the day. At this time the quantity of water supplied was forty gallons per head per day, and of this, inquiry proved, at least two-thirds was wasted, chiefly through the imperfection of the pipes and fittings. In 1859 the company were obliged to seek new powers and raise fresh capital, and they happily obtained very complete authority to prescribe the quality of the pipes and fittings to be used by their customers. The alterations required were of course considerable, and put the owners of property to considerable expense. This gave rise to grat dissatisfaction; but when the crisis was past, the consumption of water steadily diminished from forty to fifteen gallons per head, whilst the public had the great advantage of the perfect development of the system of constant service and of much less liability to derangement in their apparatus of distribution. The company now supply about three-fourths of the population, and the quantity averages about fourteen gallons and a half per head per day. Out of this it is estimated that there are—

	Gal. per Hd.
For trade purposes and large consumers about ...	3·0
For public and sanitary purposes	0·7
For domestic use	10·8
Total	14·5

The case of Manchester is still more conclusive as to the economy and advantage of the constant system. These splendid works were established by the Corporation in 1851, and as experience from time to time brought out the difficulties in preventing waste, fresh powers were obtained from Parliament with the view of checking it. As in Norwich, the chief difficulty has arisen from the bad fittings, due to the ignorance and carelessness of plumbers, and to the desire on the part of speculative builders to do everything too cheaply. Every sort of apparatus is now under the strict control of the Corporation. Every tap is stamped by them; every watercloset cistern is tested by them; and the result is that a population of nearly 700,000 persons is amply supplied at the rate of twenty-one gallons per head per day, of which seven gallons are used for trades and public purposes.

In both Norwich and Manchester the arrangements for extinguishing fires are very perfect, and much saving in this respect has been effected since an ample supply of water has been available. Fire hydrants are inserted in all the streets at short distances apart, and the water, being constantly on, can be procured from them the moment it is wanted.

In Norwich it is a tribute to the good sense of the inhabitants to state that, whilst at first they were dissatisfied with the very stringent arrangements enforced, and were inclined to rebel against the expense they were put to for the improvement of their pipes and fittings, their discontent has now worn off, and they appreciate not only the improved supply of water, but also the advantage of work being well done, by which they effect a considerable saving in repairs.

THE SANITARY STATE OF CALSTOCK, IN DEVONSHIRE.

THE high rate of mortality from preventable diseases (principally diarrhœal) in Calstock and its neighbourhood, as evidenced by the Registrar-General's returns, having attracted the attention of the Privy Council, one of the Inspectors of that department has recently been making inquiry into the causes of that high death-rate, and we now have before us the report of the results of his inquiry. The inspector who has made the report is Dr. F. H. Blaxall.

According to Dr. Blaxall's statement, the fever which has prevailed appears to have been wholly of an enteric type, and generally characterised by extreme muscular prostration, diarrhœa, and protracted recoveries. Diarrhœa, Dr. Blaxall says he was informed, was attendant upon most diseases. He also says that probably "atrophy" and "mesenteric disease" are often synonyms for diarrhœa and its consequences. In last November small-pox broke out in an epidemic form, and since then to the present time upwards of ninety cases and eleven deaths have occurred.

The conditions which have been instrumental in rendering Calstock and its neighbourhood generally unhealthy and liable to epidemics (of which there appear to have been

more than one, as previous inspection of the locality was made by the department in 1861, on the occasion of the prevalence of enteric fever), are, speaking in general terms, defective drainage owing to the want of thorough and frequent inspection and repairing of drain pipes, and the exposure of sewage at main outfalls; the want of proper privy accommodation, those existing being bad; the existence of filthy pigsties in too close proximity to dwellings; the exposure of excrement and dung; the dirty state of the slaughterhouses and the exposure of the blood of slaughtered animals; the general want of cleanliness in the streets; the pollution of the water used for domestic purposes, and also the inadequate quantity of the supply; and the absence of precautionary measures for preventing the spread of contagion.

As regards the drainage, Gunnislake and Calstock appear to be provided with drains, and these were intended principally for house slops and surface-water, though they now receive sewage. The other villages are reported to be totally devoid of drainage. Excrement appears to be disposed of just as each person fancies; in many cases the contents of chamber-pots are thrown either over the ash-heaps or over the garden, and it is not a matter of surprise that the pieces of garden-ground which are attached to the houses should be described as "sodden" with filth. The other villages, the report says, "are totally devoid of drainage."

The water-supply appears to be of the most precarious description, both in quantity and sources; and as regards the latter, the report appears to say that from one only (an old adit at Calstock town) is unpolluted water obtained. Two notable instances of the use of polluted water are given, one at a place called Crocker's Cottages, where the inhabitants use water from a well which has "pigsties just above it, and slops and washings from a slaughter-house course down a stony path by the side of it." The other, "Hooper's Well," near a cowshed, the drainage from which Dr. Blaxall "could trace to the well." Fever and diarrhœa are reported to be "generally present" in Crocker's Cottages.

The local authorities, the Tavistock Board of Guardians and the Calstock Vestry, according to the report, "have done literally nothing" towards improving the sanitary state of the district; and, as is not unfrequently the case, they appeared to be scarcely aware of their respective duties and responsibilities. The recommendations made are, in short, that a proper system of scavenging and excrement disposal should be adopted, that cleanliness should be enforced, that the drainage and water-supply should be improved, and that all nuisances should be removed, to do which a paid inspector of nuisances should be appointed. The report also strongly advocates the "appointment of a medical practitioner to advise the local authority in all sanitary questions, especially such as have reference to the measures necessary to be adopted for the prevention of the spread of contagious diseases."

In this recommendation we heartily concur, and we hope that the authority will quickly act upon such good advice, for experience tells us that in those places which have efficient medical officers of health the death-rate is speedily reduced, and preventable diseases cease to have full sway.

THE DUBLIN MAIN-DRAINAGE QUESTION.

WE have received from Dr. Charles Fredk. Moore, of Dublin, a carefully drawn-up communication, entitled "A Statement and Queries," regarding the proposed new system of drainage of that city, for which, owing to its length, we are unable to find room. For many a long year the Liffey has been made the receptacle of the city sewage, with the effect of rendering that river more and more offensive, until its condition has become intolerable, and might, at any time, prove a source of danger. That the stream should no longer continue to be polluted by the sewage, and that some system should be adopted by which this may be diverted elsewhere, are matters that do not, to our minds, admit of any doubt. The corporation will have to borrow some £350,000, on the security of the rates, to carry out the scheme proposed by them. Their plan is shortly to convey the sewage through the heart of the city, pass it, by cyphons under the Liffey, through a main, for a considerable distance to a pumping station on the north side of the city, and ultimately to carry it by a main sewer within a sea wall to the North Bull, a large sandy tract eight miles away from the commencement of the sewers. At the Bull another pumping station is to be built, and two large reservoirs, wherein subsidence of the more solid matters, it is hoped, will take place in time to let their contents be emptied on the ebb tide, so as to admit of the solid matters being carted away and buried in the sand. For sixteen hours daily, it is said, there can be no outflow of the sewage. There are, as is well known, great differences of opinion as to the relative merits of the water carriage and other systems of drainage. We are far from shutting our eyes to the defects contingent on the former; but we hold that it is, on the whole, to be preferred in the case of a large city like Dublin. How far it might be practicable to utilise the canals, north and south of the city, which communicate with the Liffey, for conveying refuse matters to country districts, we do not know. Assuming, however, in the meantime that the principle of water-carriage adopted by the corporation is the right one, it strikes us that their proposal involves a very serious defect. No provision is made in their scheme for the utilisation of the sewage, and the consequence will be, financially speaking, a very great waste of money. At Edinburgh, for example, the thrifty Scotchman turns the city sewage to good account, and the land that receives it yields a good return in the shape of rental; then why could not this be done in Dublin? Surely there must either be waste land capable of being redeemed, or, at any rate, land accessible in position and adapted for irrigation? The outlay involved in effectively carrying out the main drainage will be a very considerable one, and it will fall upon persons already heavily taxed,—and seemingly with disproportionate weight upon the least wealthy part of the city. As far as medical considerations are concerned, also, the carting away and burying of the solid matters, amounting to very many tons daily, in sand saturated with salt water, appear to us a bad method, and, for all we know, may prove a dangerous one if the sewage decomposes, and there be people residing sufficiently near to be influenced by the products of the decomposition. As to whether the mouth of a tidal river such as the Liffey would be in any danger of being blocked up by the deposit of sewage, we are unable to form an opinion; but its possible influence in this respect should be borne in mind.

THE SMALL-POX EPIDEMIC.

PROGRESS OF THE EPIDEMIC.

THE Registrar-General reports that the fatal cases of small-pox in London, which in the three previous weeks had declined successively from 267 to 257 and 229, rose again last week to 245. In seven permanent and temporary hospitals for this disease 108 deaths were recorded last week, of which 53, 26, and 16 respectively occurred in the institutions at Hampstead, Stockwell, and Homerton. After distributing these deaths, it appears that 39 deaths belonged to the West group of districts, 74 to the North, 21 to the Central, 26 to the East, and 85 to the South. The fatal cases in the North districts were not quite so numerous as in the previous week, while they showed an increase in each of the other groups of districts. The greatest fatality was shown last week in St. Pancras, Walworth, and Battersea; in the latter sub-district, of 28 deaths 13 resulted from small-pox, equal to an annual rate of 12 per 1000 of the population.

SMALL-POX IN THE PROVINCES.

Small-pox in Sunderland and Newcastle accounts for more than one-third of the entire mortality for the week ending June 10th. In Manchester there were 10 deaths, and in Liverpool 41. There is, however, a steady decline in the number of fresh cases in Liverpool, and although the mortality is still high, there is a prospect of the end.

SMALL-POX IN LONGTON.

Dr. Weaver reports that small-pox has been very fatal during the month, causing no less than 20 deaths, or an average of nearly 12 in 1000 of the population. The mor-

tality of Longton, unlike that of London, is very high (31·6 per 1000) even without reckoning small-pox, and Dr. Weaver sees no prospect of its being lowered whilst the nuisance of privies continues, and whilst there is defective sewerage.

THE PROFESSORSHIPS AT THE COLLEGE OF SURGEONS.

AT the meeting of the Council on Thursday, the 8th inst., the nominations for the different professorships of the College were made as follows:—For the Board of Examiners in Midwifery (at which Dr. Farre has occupied a seat nearly twenty years): Drs. Farre, Priestley, and Barnes (the present incumbents), with Drs. Hewitt, Braxton Hicks, and Meadows. For the Professorship of Surgery vacated by Mr. Birkett: Messrs. Spencer Smith, Humphry, and Gay, (who are members of the Council), with Messrs. Holmes and Callender. For the Lectureship vacated by Mr. Hulke: Messrs. Humphry, Henry Power, and Callender. For the Hunterian Professorship, and for the Professorship of Dermatology, Mr. Flower and Mr. Erasmus Wilson are alone nominated.

We are happy to believe that, as regards the professorship of Surgery at least, there is a growing opinion in the Council that the appointment should not be confined to members of the Council alone, and it appears to us that this feeling should weigh more especially in respect of the lectureship, the object of which is to bring the most modern researches in anatomy and physiology before the Fellows and Members of the College. It appears to us rather remarkable that two gentlemen should be nominated for both these offices, and that, with one exception, all the names mentioned in connexion with them are more or less associated with one great metropolitan school.

Correspondence.

"Audi alteram partem."

THE BRITISH MEDICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—As Dr. Acland has announced in THE LANCET the secession of himself and his four colleagues from the British Medical Association, as "an unavoidable sequel to the correspondence with Dr. Paget, published in your journal on May 27th," and as it is but just that everyone should bear the responsibility attaching to his own actions, I shall feel obliged by your permitting me to avow myself the sole author of the letter in THE LANCET for April 1st, which originated the correspondence referred to.

The letter was written without communication with any other member of the Reform Committee of the Association, or with anyone, and nothing could be further from my intention or my wishes, in writing it, than to do any injustice to Dr. Paget or his colleagues.

I knew Dr. Paget had opposed "direct representation," and I believed I was correct in stating, in the concluding paragraph of the letter, that he and his friends "had retired from the executive of the Association because they were opposed to the direct representation of the profession in the General Medical Council," without which the Association had repeatedly declared that no measure of medical reform would be esteemed satisfactory. The general secretary signed my letter for publication, thereby endorsing my opinion, and Dr. Paget wrote to him complaining of the misrepresentation; the general secretary replied that he and I were responsible for the letter.

The general secretary also forwarded me Dr. Paget's letter, but I was at the time so overwhelmed with work that I was utterly unable to reply to it, as well as to many other letters, so speedily as I desired.

In consequence the general secretary and I wrote independent letters; his letters, as the published correspondence appears to me to show, evinced the greatest anxiety to do all Dr. Paget required. I, on my part, accepted and admitted Dr. Paget's own statement of the reasons for resignation—namely, that the Association, by its vote at the Newcastle meeting, approved of the conduct of the Direct Representation Committee of the Association in not accepting the Medical Acts Amendment Bill of last session.

It is a matter of deep regret to me to find that Dr. Paget and his colleagues should so misinterpret me, as I feel assured they must do, as to feel compelled to retire from an Association embracing more than 4000 members, on account of any act of mine.

I am, Sir, yours, &c.,

Chester, June 14th, 1871. EDWARD WATERS.

THE CONSTANT CURRENT IN THERAPEUTICS.

To the Editor of THE LANCET.

SIR,—So many inquiries have been addressed to me as to my opinion on the controversy now carried on between Dr. Gull and Dr. Anstie concerning the therapeutical merits of the constant current, that I shall feel obliged by your insertion of the following remarks.

I think—and I say so with all due deference to both these eminent men—that Dr. Gull and Dr. Anstie have both erred, although each in a widely different manner.

Dr. Gull, whose mind is deeply imbued with Descartes' axiom, "to doubt everything," has, to my thinking, carried his scepticism in this instance beyond those limits which we, as medical practitioners, cannot overstep without making ourselves guilty of sins of omission against our patients. If mint-water is to be the last word of therapeutics for rheumatic fever, then, indeed, Perkins's metallic tractors may be the last word for neuralgia. The only disadvantage that I fear would arise from our thus relinquishing the use of really effective remedies in the treatment of disease, is that such a proceeding must eventually force our patients into the hands of the marauders constantly hovering in the rear of the medical army, and who will not be deterred "by the lack of a scientific basis" from "requisitioning" remedies which we may refuse to employ, because their value cannot always be scientifically explained.

Dr. Anstie has, in my opinion, erred by attaching too much importance to the dictum of even so eminent a leader of the profession as Dr. Gull. If the constant current in therapeutics can be put down by the authority of the President of the Clinical Society of London, then, I say, the sooner it goes the better. Truth, not authority, must ultimately prevail. Meanwhile, I heartily coincide with the closing remark of Dr. Anstie's last letter—namely, that no one has any right to hold or express any opinion on this matter who has not himself used the remedy in question with the necessary care and knowledge; and I will only add that those practitioners who, for some reason, or, as I fear is too often the case, for no reason, voluntarily deprive themselves of the help of such a powerful remedy as the constant current, will, of necessity, be less successful in their treatment of many forms of disease than they might be otherwise.

I am, Sir, yours faithfully,

JULIUS ALTHAUS, M.D.

Bryanston-street, Portman-square, W., June 10th, 1871.

HOSPITAL ELECTIONS.

To the Editor of THE LANCET.

SIR,—Referring to the leading article on Hospital Elections in THE LANCET of the 3rd inst., I thank you for your notice of my letter to the local press of the 27th ult., and for the generous reference you make thereto. I thoroughly agree with you that a select mixed medical and lay Committee would be about as good a method of electing an officer to a hospital as can be devised, with the proviso that the medical portion of it be elected from the consulting staff, and not from the acting staff, for obvious reasons. This proviso may have reference more to a provincial than to a London hospital election, as professional jealousies and influences are more likely to be brought into play in the former than in the latter.

There is one other observation I would, with your indulg-

ence, offer connected with this matter, in the hope that it may help to lead, in these days of reforms, to the correction of an evil. Has not the time arrived to have it decisively settled that all medical and surgical appointments to hospitals throughout the United Kingdom should be made in but one way? If, through your instrumentality, an uniformity in the mode of electing officers can be agreed upon and carried out, I feel sure the world at large, but more especially those interested, would approve of a reform which would promote a concentration of action that is essential to the interest of any hospital.

I am, Sir, your obedient servant,

Guildford, June 12th, 1871. HENRY F. HOLLAND, M.D.

THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In compliance with your request that I will briefly lay before the electors my views on College and professional politics, I cannot have the slightest objection to record that which I have invariably advocated — viz., the abandonment of narrow prejudices, and the substitution of those enlarged views which would enable the Council, while acting to the letter, to carry out the spirit and intention of the laws by which the College is guided. I cannot but think the antecedents of the candidate are the best security the Fellows can possess of his integrity and aptitude for the position he solicits; and while I hold it to be injudicious to pledge myself to a particular course, the details of which I am at present unacquainted with, I shall be quite prepared to deal with the questions that may arise, and do all in my power to advance the interests of the profession, maintain the dignity of the College, and take a liberal view of the several enactments of the charter.

Very faithfully yours,

Savile-row, June 13th, 1871. BARNARD HOLT.

To the Editor of THE LANCET.

SIR,—Will you kindly permit me, through your columns, to state the reason why I have signed the paper nominating Mr. Critchett a candidate for a seat at the Council Board of the Royal College of Surgeons. And that I may not be accused of "serving a friend," I will at once state that Mr. Critchett is unknown to me except by reputation. Some few years ago I, in conjunction with some other liberal Fellows, took great interest in the College elections, and worked hard to return men of acknowledged repute as leading medico-chirurgical politicians, and I must here candidly admit, and with shame do I confess it, that we have not been rewarded commensurately with our exertions to secure their election. For what have the Council done for us? True, the Fellows are now allowed to meet in their own College to discuss matters relating to its welfare. But of what avail? The Council heeds us not, and their doings are still wrapped up by mysterious surroundings, characteristic of those who are ashamed of their works. The fact is there are too many councillors of the old school remaining, who cling with remarkable tenacity to the old idea that the Council-chamber of the College is a place for self-aggrandisement, with which the large body of members outside have nothing to do. Our course is simple enough: we must year after year weed out the obstructives from this Council, and never cease from our labours until we have effected those necessary reforms which are required by that well-educated and influential class of men, the general members of the College of Surgeons. With this view I at once gladly laid hold of Mr. Critchett as my *beau ideal* of a candidate. He presents himself through the medium of THE LANCET in an excellent and well-indited letter, explaining his views with regard to "the politics of our profession," and will very wisely "abstain from the exercise of any influence beyond the simple announcement of candidature." Bravo, Mr. Critchett! you have had the boldness to set an excellent example, which I recommend to the other candidates to immediately follow, as reticence on such an occasion ought to be fatal to any candidate's success. Mr. Critchett believes, and so do I, "that form of government to be the best which brings the foremost intellect into active operation, and the highest-class men into power. In applying this principle to the politics of our profession we have but to work the material we possess with zeal, intelligence, and honesty of purpose, and the result must be a high standard of excellence in those who control the future destinies of the College." Giving Mr. Critchett credit with all my heart for his sincerity, I gratefully accept him as a candidate who will really represent me at the Council; and it will not be the fault of my numerous liberal friends amongst the Fellows if he is not elected.

Your obedient servant,

Spalding, June 12th, 1871. EDWIN MORRIS, M.D., F.R.C.S.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE health of the town continues satisfactory. The rate of mortality per 1000 during the last week was 22·2, and out of the total number of fatal cases (161), there were only 37 from zymotic diseases: 25 were referable to measles, 5 to whooping-cough, 3 to fever, 2 to diphtheria, 1 to variola, 1 to diarrhœa, and not one to scarlatina. The death from variola was that of a child aged eighteen months, certified as having been vaccinated when three months old.

The establishment of the parochial dispensary, although done at the eleventh hour, when it was evident that the Poor-law Board had resolved on such a system, is likely to be very beneficial. Mr. Clay, a member of our own profession, has, against all opposition, persevered with this matter, and at last has had the satisfaction of seeing his scheme adopted by the unanimous vote of the Board of Guardians. The parish surgeons must be greatly relieved by this plan, and no doubt are grateful to Mr. Clay for his efforts to improve their position and to diminish their labours.

The necessity for attention to sanitary matters in the large manufacturing centres of the "Black country," has been made painfully evident by Dr. Thorne Thorne. Oldbury, Dudley, and other towns of the same character, had better at once take steps to set their houses in order, or, in case of an epidemic of cholera or typhus coming on, they will suffer to an alarming extent.

In Dudley, the death-rate from 1860-70 was 24·27, while in 1864 it had risen to 38·06. In the three years previous to 1870, the average number of deaths was 964, whereas in that year it rose to 1133. The causes of this increased mortality are not difficult to find—overcrowding of houses and of persons in those houses, open privies, contaminated wells, and general destitution, have done their work. Dr. Thorne found in one cottage eight persons in family, and of these seven had had fever, and one was sickening for it at the time of his visit. The whole family slept in one room, a second not being occupied in consequence of broken windows, and each person had only 138 cubic feet of breathing space. In another cottage ten people lived, and every one of these had had typhus. They slept in two beds in one room; in one the parents and the infants, and in the other males and females from fifteen years of age to twenty. The moral health likely to be enjoyed under such a degrading state of things will probably be on a par with the physical health of Dudley. No wonder that Dr. Thorne startled the Council of Dudley by his revelations into something like activity, and induced them to resolve to cleanse the filthy courts in which fever was rife, to give out disinfectants, and to take such further steps as seem calculated to remove the sources of contagion from their town.

In Oldbury, Dr. Thorne's efforts seem to meet with but little encouragement from the local Board of Health. The Sanitary Committee of that body, while admitting that there were many matters relating to the sanitary condition of the town spoken of by Dr. Thorne in his report which called for the active exertions of the Board to remedy, as far as practicable, deeply regretted that gentleman should have considered it his duty to cast such grave, sweeping, and in some instances they thought scarcely fair, reflections on the Board. So much virtuous indignation was scarcely called for, as the committee clearly felt that it was their duty to look into the sanitary state of the town,

and probably would not have done so either so quickly or so thoroughly but for the just, though severe, criticism of Dr. Thorne. The committee showed that they were really deeply indebted to that gentleman, for they proceeded to recommend that the roads, streets, and courts in the borough should be properly paved and channeled; that all offensive drains should be at once dealt with; that the Board should take steps to compel a proper supply of water to all properties requiring the same; that the inspector of nuisances should be ordered to prevent any nuisances arising from pigsties; and last, not least, that a medical officer of health should be appointed for the district. We congratulate the Board on having come to such a sensible determination as is conveyed in the latter appointment, and think it would be well if the Town Council of Birmingham emulated their example, and at once took steps to secure this, to our thinking, most indispensable officer to any corporation. While the Council object to spend a few hundreds a year on such a purpose, mainly on the score of economy, they are considering a plan proposed by the Public Works Committee for disposing of the sewage by irrigation, which they recommend to the adoption of the Council, and which will probably involve an outlay of £300,000! Numerous engineering and chemical authorities, as Mr. Rawlinson, Professor Voelcker, and others, have been consulted; but the officer of health, who should have been at hand to assist the committee in arriving at a conclusion on so vast a subject, is thought unnecessary. What has been before done by Sir C. B. Adderley may be done again, and it behoves the Town Council to be careful in deciding whether the immense volume of sewage matter which comes daily from the town cannot be disposed of without endangering the health of those who reside in the neighbourhood of these sewage-disposal works, and without incurring the annoyance and certain expense of repeated injunctions from the Court of Chancery. The subject will be discussed at a special meeting of the Council, after the report, which is very voluminous, has been printed and circulated amongst the members of the Town Council; and their decision will be looked forward to with great interest, as the action taken by them may serve as a guide to other large communities, and may help to clear up the vexed question of the disposal and utilisation of the sewage of great towns and cities.

Nuneaton just now is enjoying an unenviable notoriety from the great prevalence of small-pox there. At a meeting of the inhabitants for the purpose of deciding what measures should be taken for the relief of the necessitous poor now suffering from small-pox, and securing isolation in all cases where practicable, it was stated that one surgeon in the town had about 126 cases under his care, and another about 30. A resolution in favour of providing a temporary hospital was passed, and a committee appointed to distribute temporary relief to the poorer sufferers from that disease. No information was elicited as to the state of the town as regards vaccination, but we hope immediate steps will be taken to bring this preventive measure to the doors of every household in Nuneaton, and that the vaccinations may be performed by a competent officer or officers specially appointed for the purpose. Such a course may seem a reflection on the practitioners of the town, but we make it in no such spirit. The poor and ignorant are only too apt to neglect vaccination altogether, or if they do allow their children to undergo the operation, are indifferent as to who the operator is, or how the operation is performed; and not unfrequently, as in a recent case at Oldbury, have to submit their children to a second operation, and to pay a heavy fine for having their children vaccinated by an unregistered practitioner. To prevent any such anomaly for the future, it would be better that a legally qualified medical man should be appointed public vaccinator, in each town and district, and that the provisions of the Vaccination Act should then be enforced without the least compunction by the authorities.

At the last meeting of the committee of the Queen's Hospital an application, which was deservedly received with cries of "Shame," was read from the overseers, demanding payment of a sum of £352 18s. 4d. for poor-rates, and informing them that such rates would be levied upon the goods and chattels of the hospital with the least possible delay. It was resolved "that the overseers be respectfully requested to wait until the issue of Mr. Muntz's Bill, now in Parliament, is known." If Mr. Muntz's should meet with the same fate which has attended previous efforts to obtain exemption of hospitals from poor-rates, we recommend the authorities to let the overseers distrain, and then the Government will find public opinion assert itself so strongly on the question that, as in Mr. Lowe's match-tax, they will be only too glad to reconsider their position, and at once to bring in a Bill which will remove such a scandal from our laws.

Birmingham, June 13th, 1871.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

IT was generally reported and believed in Vienna last week, as I stated in a previous letter, that Professor Bamberger was definitely elected as successor to Oppolzer. However, according to the *Allgemeine Med. Zeitung*, no such election has as yet taken place, and it is even doubtful whether Bamberger will be the man who will fill the vacant chair. The state of affairs at present is this. The College of Professors unanimously voted for the election of Professor Bamberger, and sent his name to the Ministry of Instruction with the expression of their wish for his election. Up to this time the Ministry of Instruction has made no sign of complying with their wish, and has made no statement with regard to the appointment.

The *Allgemeine Med. Zeitung*, which, it is only just to remark, writes with an evident *animus* against Bamberger, brings prominently forward the claims of Professor Körner, of Gray, to the chair, and it seems hard to understand why the numerous universities of Austria should not be able to furnish one candidate of sufficient merit without resorting to a foreign school.

Vienna, June 10th, 1871.

Parliamentary Intelligence.

HOUSE OF COMMONS.

WEDNESDAY, JUNE 14.

MEDICAL ACT (1858) AMENDMENT BILL.

Dr. LUSH, in moving the second reading of this Bill, said the measure introduced by the right hon. gentleman (Mr. Forster) last session was not satisfactory to the profession, and as the right hon. gentleman was deterred by the press of business from bringing forward any Bill this year, it only remained for a private member to make the attempt at legislation. Though he brought forward the present Bill in a professional point of view, he wished it to be borne in mind that the interests of the profession and the public were blended, and that what was good for one was good for the other. It was because little had been effected by legislation towards medical reform that he proposed the present Bill, the purpose of which was to abolish the Council of twenty-four members at present existing (which, being too numerous, was apt to degenerate into a debating society), and to establish a new Council in its place, consisting of twelve members. It was proposed that the present examining bodies, amounting to nineteen in number, should be associated together and collectively nominate four members; that the Crown should nominate four members, and that the whole body of the profession should have the right to nominate the other four members. It was provided that, before any man should be entitled to practise, he should pass through one examination; and that examination should indicate the minimum standard of professional education in this country. He believed that the standard of medical education had been considerably raised of late years, but there was still great room for improvement, and he trusted the House would consent to give a second reading to the Bill he now proposed.

Mr. JESSEL said that the present Bill differed in a most important respect from the Government Bill of last year, which did not propose to put in the hands of the Medical Council, however elected, the right to nominate the Board of Examiners, without any security against an abuse of the power. The Bill, in fact, proposed a monopoly of examina-

tion, and all monopoly was objectionable; but if it were created, care should be taken to prevent it leading to a position of stagnation. The Bill defined in a positive manner what the examiners were to do, without having regard to the natural progress of science and learning, for an expansive and improvable system was not provided for by the Bill. The great defect of the present system was that no confidence was felt in a great many members of the Board of Examiners. It had been a competition downwards, and there had been a race to diminish the qualification required in order to attract a large number of fee-paying persons to the examinations. The examiners must be made honest by preventing them from having a pecuniary interest in the results of the examinations. The cardinal point was to secure a fair examination for all, and to give security for progressive improvement in the medical profession. He was not prepared to say that an infusion of elected councillors would not be desirable, but it would not be right to have the Examination Board and the controlling Board composed of the same class of persons. He trusted that the Bill would be modified so as to satisfy the just expectations of the profession.

Dr. BREWER supported the Bill, which, he thought, would effect the purposes desired by the hon. and learned member.

Dr. PLAYFAIR observed that there were two questions with which the Medical Act Amendment Bills (No. 1 and No. 2) professed to deal—the constitution of the Medical Council and the qualification of medical practitioners. As to the former, the real point to be ascertained was whether the Council should be a body for the promotion of the public interests, or for purely professional objects. If it was intended to promote the interest of the public, the public should pay the cost, and there should be a lay as well as a professional representation—the public predominating over the professional element. The second Bill recognised and left nearly alone the old corporations. The Amendment Bill (No. 1) extinguished them, which he thought was a great mistake. It was a disadvantage to have nineteen examining bodies having a tendency to compete with each other, and therefore giving the public a security for only a minimum qualification; but it did not follow that they should be reduced to one, as was proposed by the Bill of his hon. friend the member for Salisbury. It would be much better that there should be an examining body for England, another for Scotland, and a third for Ireland. This was a subject with which the Government only could fairly grapple; but these Bills would be useful as pointing out the paths of medical reform which it was desirable they should follow. He hoped both Bills would be withdrawn, and that the Government would deal with the question next session. (Hear, hear.)

Mr. W. E. FORSTER said there were two points for discussion—one, as to the mode of examining and certifying medical practitioners, and the other as to the constitution of the Medical Council. With regard to the first point, the Government entirely appreciated its great importance. They were aware of the very great practical evils that resulted from there being nineteen accredited bodies for certifying medical practitioners, but they had been unable to deal with the question this year. This led two private members to bring in Bills on the subject, but neither could hope to pass his Bill during the present session. From the number of questions pressing on the Government for legislation, he could not pledge them to bring in a Bill next year, but it was their wish and anxiety to do so. If they were unable to deal with the subject next year, and if any private member, such as his hon. friend the member for Salisbury, or any other, took up the subject, no obstacle would be thrown in the way of the fullest consideration of it by the House; and if it was desirable, the Bill might be referred to a Committee upstairs. Legislation had failed last year because, although the Bill which had been introduced in the House of Lords had been most carefully considered, it had been thought desirable, when the Bill came down to that House, to add to the question they were then attempting to settle the other question of the constitution of the Medical Council, and it was then too late in the session to deal with that subject.

Mr. BRADY said there were at present nineteen different medical examining bodies, nineteen modes of medical licensing, and nineteen different systems of medical education. The Bill proposed to reduce these to one for Ireland, one for Scotland, and one for England. It would not be easy to decide the question in the present session; but he trusted that the Government would, early next year, introduce a satisfactory measure on the subject.

Sir J. GRAY expressed his gratification at the announcement that the Government would consider the subject during the recess, with a view to grappling with it in the next session.

Dr. Lush then withdrew his motion; and the order of the day for the second reading of the Medical Act Amendment (No. 2) Bill was also withdrawn.

Obituary.

WILLIAM ENGLAND, M.D.,

OF IPSWICH.

THE death of this gentleman occurred somewhat suddenly on the 1st inst. at Lowestoft, where he was staying for the benefit of his health. Dr. England was born April 16th, 1799, at Hindringham, Norfolk, and commenced his medical career as an apprentice to the late John Toy, Esq., of Massingham, in the same county, and in 1824 entered as a pupil at the medical school of Guy's and St. Thomas's Hospitals. Having passed through the usual curriculum at the school, he proceeded to Paris, and for some months diligently attended practice at the Hôtel Dieu and lectures at the Sorbonne. On his return to England, still feeling desirous of prosecuting his anatomical studies, he visited Dublin and entered at the Richmond Hospital School of Medicine. From Dublin he proceeded to Edinburgh, where, in the autumn of 1828, he matriculated at that University, and in the following year had the degree of M.D. conferred upon him, selecting for the subject of his thesis "Functional Diseases of the Kidneys." In 1830 he commenced practice as a physician in Norwich, and took a very active part in the sanitary measures that were adopted during the fearful epidemic of cholera which occurred in that city in 1832. In the beginning of 1836 Dr. England left Norwich and went to Wisbeach, where, after the death of his father-in-law, the late Dr. Fraser, he practised until 1855, when he retired from his profession and took up his residence in Ipswich. Dr. England was very fond of, and well read in, the literature of his profession, and contributed several papers of a practical character to the various medical periodicals of the day. He was a Fellow of the Medico-Chirurgical Society and a Member of the Royal Medical Society of Edinburgh.

WILLIAM HILL, L.R.C.S. EDIN.

FEW men have been followed to the grave with sincerer regret than Mr. William Hill, for many years the most popular practitioner in Portobello, N.B., where he died on the 10th inst., in his sixty-ninth year. Mr. Hill studied at the University of Edinburgh, and became, in 1825, a licentiate of the Royal College of Surgeons in that city. In the following year he settled in practice in Portobello, and in 1836 was made medical officer to the parish of Duddingston. As a general and parochial practitioner he soon rose in the favour of the community; and at repeated intervals during his long and laborious career he was presented with valuable testimonials expressive of the esteem in which he was held. About fifteen months ago, when failing strength constrained him to resign his parochial duties, the board granted him a retiring annuity of £50 for the remainder of his life. "He knew," as Swift said of Arbuthnot, "his art, but not his trade"; and it was often his practice to supplement his gratuitous attendance on the poor by providing them with money to buy his prescriptions. His funeral was a public one, being attended by the leading citizens of the "Brighton of Scotland."

GEORGE MALLETT, F.R.C.S. ENG.

AFTER a long illness, George Mallett, F.R.C.S. Eng., died on the 5th inst., in the sixty-ninth year of his age, at his residence, Silverwell House, Bolton. He was articled

to the late John Moore, Esq., of Bolton; and finished his professional studies at St. Bartholomew's Hospital. He was house-surgeon to the Bolton Dispensary from 1825 to 1831, and so discharged the duties of that office as to receive, on his resignation, a gratuity and warm vote of thanks from the committee. From that period until disabled by his last illness he was engaged in an extensive and lucrative practice. From 1840 to 1864 he was one of the honorary medical officers of the Bolton Infirmary, and, on his retirement, was immediately appointed consulting surgeon. A thorough knowledge of his profession, a clear, sound judgment, and conduct strictly honourable, secured to him the confidence of the public and of the profession, causing him to be frequently consulted by his brethren, not only in the town but in a wide circle around it. His loss is keenly felt and deeply deplored by his numerous friends, and to a great extent by the community among whom he so long and so usefully laboured.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the meeting of the Council on the 8th inst., a short account of the proceedings of which appeared in THE LANCET last week, Mr. John Morgan Puddicombe, of Dartmouth, and Mr. Edward Glover Bartlam, of Broseley, Salop, admitted Members in March, 1837, and October, 1839, respectively, were elected Fellows of the College. Upon the recommendation of the Museum Committee, Mr. J. Frederick Goodhart, of Guy's Hospital, and Mr. James Lidderdale, of St. Mary's Hospital, were appointed Pathological and Anatomical Assistants respectively for the year ensuing. Mr. Charles Hawkins gave notice of the following motion for the next meeting of the Council: "That a committee be appointed to consider and report to the Council if any alteration should be made in the wording of the diploma now granted to Members of the College, or in the mode of issuing such diplomas."

It is stated that 350 candidates have entered their names for the Preliminary Examination in general knowledge for the diploma of Fellow or Member of the College. The examination, which commences on Tuesday next, will be held at the Whittington Club, Arundel-street, Strand.

The following gentlemen are candidates for seats in the Council at the election in July:—Messrs. Cock, Busk, Le Gros Clark, Spencer Wells, Critchett, and B. Holt.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 8th:—

Murdoch, Donald, Rotherhithe.
Strafford, Thomas, Ripley, Derbyshire.

The following gentleman also on the same day passed his first professional examination:—

Wallis, William, Guy's Hospital.

MR. GLADSTONE AND THE CONTAGIOUS DISEASES ACTS.—The Birmingham Branch of the Ladies' National Association for the Repeal of the Contagious Diseases Acts, having, on account of the delay incurred by the Royal Commission, prayed Mr. Gladstone to suspend the Acts by an Order in Council, were officially informed that the Government had no such power.

KING'S COLLEGE HOSPITAL held its annual dinner on Wednesday, at Willis's Rooms. Lord R. Grosvenor, M.P., presided, and the company, numbering 200, included Sir W. Fergusson, Mr. W. H. Smith, M.P., the Rev. Dr. Miller, and the Rev. Principal Barry. According to the report, the hospital, during 1870, relieved 1597 in-patients, and 35,045 out-patients, while 635 midwifery cases were attended at their homes. The receipts from every source were £8855, against £12,828 in 1869—a falling off accounted for by the subscriptions absorbed by the late war. After the toast of the evening had been proposed by the chairman, who said that the hospital was a free one, out-patients being admitted without let or hindrance, while all its arrangements were of the best description, the treasurer announced the donations connected with the anniversary to amount to £4500.

Medical Appointments.

BOULTON, P., M.D., has been appointed Physician to Out-patients of the Samaritan Free Hospital for Women and Children, vice Dr. Junker.

BROADBENT, W. H., M.D., F.R.C.P.L., has been appointed a Physician to St. Mary's Hospital, vice F. Sibson, M.D., F.R.C.P.L., whose term of office has expired.

DUBOIS, L. V., L.R.C.P., has been appointed Assistant House-Surgeon to the Huddersfield Infirmary, vice Smith, resigned.

ELLIS, J. J., L.R.C.S.Ed., L.M., has been appointed Medical Officer for District No. 1 of the Sudbury Union, Suffolk, vice G. King, M.R.C.S.E., resigned.

JOHNSON, T. S., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Arnesby &c. District of the Lutterworth Union, Leicestershire, vice Murphy, left the district.

KENNY, J. B., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Newtowngore Dispensary District of the Bawnboy Union, Co. Cavan, vice G. Stuart, L.R.C.S.I., deceased.

LANE, J. R., F.R.C.S.E., has been appointed a Surgeon to St. Mary's Hospital, vice Samuel A. Lane, F.R.C.S.E., whose term of office has expired.

LLOYD, R. H., M.R.C.S.E., late House-Surgeon at the Westminster Hospital, has been appointed House-Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, near Manchester, vice A. Veitch, M.D., L.R.C.S.Ed., resigned.

LOWER, N. H., M.R.C.S.E., has been appointed to the Almondsbury District of the Thornbury Union, Gloucestershire.

MEADOWS, A., M.D., M.R.C.P.L., has been appointed Physician-Accoucheur to St. Mary's Hospital, vice W. Tyler Smith, M.D., F.R.C.P.L., whose term of office has expired.

PARKER, W. A., M.R.C.S.E., has been appointed House-Surgeon to the Victoria Hospital for Sick Children, Chelsea, vice Henry M. Steele, M.R.C.S.E., resigned.

RUST, H. R. G., M.R.C.S.E., has been appointed Medical Officer for the Finchingfield District of the Braintree Union, Essex, vice W. T. H. Wood, L.R.C.P.Ed., resigned.

SHEPPARD, E., M.D., M.R.C.P.L., Medical Superintendent of the Middlesex Lunatic Asylum, Colney-hatch, has been appointed Professor of Psychological Medicine at King's College, London.

Births, Marriages, and Deaths.

BIRTHS.

COOMBS.—On the 8th inst., at Castle Cary, near Bath, the wife of C. P. Coombs, M.D., of a daughter.

GIBBON.—On the 10th inst., at Cams Alder, Fareham, the wife of G. C. Gibbon, M.B., Assistant-Surgeon 1st Batt. 25th Regt., of a daughter.

MORRIS.—On the 3rd inst., at Bedford, the wife of Pryce J. Langford Morris, M.R.C.S., of a daughter.

SMITH.—On the 11th inst., at Elliott-hill, Blackheath, the wife of F. H. Smith, M.D., of a son.

STAFF.—On the 13th inst., at Bridge House, Wadebridge, Cornwall, the wife of Geo. T. A. Staff, Surgeon, of a son.

SYMONS.—On the 5th inst., at Leigh, Tunbridge, the wife of C. G. Symons, Surgeon, of a daughter.

TYRRELL.—On the 11th inst., at Dover, the wife of Assistant-Surgeon W. J. Tyrrell, 102nd Fusiliers, of a daughter.

WILLIS.—On the 7th inst., at Naval-terrace, H.M.'s Dockyard, Sheerness, the wife of Dr. S. A. Willis, Surgeon R.N., of a son.

WOOD.—On the 11th inst., at Peel, Isle of Man, the wife of J. W. Wood, M.R.C.S., of a son.

MARRIAGES.

FAY—PARKER.—On the 7th inst., at Christ Church, Timperley, Cheshire, Tullius W. Ward Fay, M.R.C.S.E., of Liverpool, to Euphemia, daughter of the late John Parker, Esq.

STAMFORD—WALLER.—On the 7th inst., at the Parish Church, Chesterfield, Wm. Ackrill Stamford, M.R.C.S., of Tibshelf, Derbyshire, to Florence Louisa, third daughter of Hugh Eccles Waller, M.D., of Chesterfield.

TRENT—DELAY.—On the 10th inst., at the Parish Church, Lower Tooting, Thomas Trent, M.R.C.S., to Mary Ann, eldest daughter of Wm. Delay, Esq., of Brookfield House, Upper Tooting.—No Cards.

WHITE—FISHER.—On the 25th of March, at Free Church, Jamaica, Hugh Brady White, L.K.Q.C.P.I., Staff Assistant-Surgeon Army, to Alice Jane, daughter of Thomas Fisher, Esq., of St. Andrews.

DEATHS.

BANKS.—On the 1st inst., John Banks, M.R.C.S.E., of Cromer, formerly of Holt, aged 70.

CLARKE.—On the 5th inst., J. H. Clarke, M.B., L.R.C.S.I., of Kilkeel, Co. Down, aged 36.

DUIGAN.—On the 7th inst., at Tavistock-crescent, Westbourne-park, Bayswater, Mary Agnes, wife of Daniel Duigan, M.D., Staff Surgeon R.N., after giving birth to a child, still-born.

HAFFIELD.—On the 11th inst., H. B. Haffield, F.R.C.S.I., of Charlemont-street, Dublin.

JONES.—On the 6th inst., James Jones, M.D., M.R.C.P.L., of Harley-street, Cavendish-square.

O'TOOLE.—On the 7th inst., at St. Germans, Merrion, Dublin, Gerald R. O'Toole, L.K.Q.C.P.I., L.R.C.S.I., Staff Assistant-Surgeon Army, aged 35.

PARKE.—On the 21st ult., at St. James-road, Liverpool, Roger Chas. Parke, Veterinary Surgeon, son of the late John Waterhouse Parke, Surgeon, formerly of Park-terrace, Regent's-park, aged 25.

PEACOCKE.—On the 5th inst., at Hazarebaugh, Bengal, George Peacocke, M.D., Surgeon 63rd Regiment, aged 39.

ROGERS.—On the 9th inst., at Bramshot, Hants, George Leslie Rogers, M.R.C.S., aged 38.

Medical Diary of the Week.

Monday, June 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
SOCIAL SCIENCE ASSOCIATION.—8 P.M. Col. C. E. Webber, R.E., "On the Utilisation of Open Spaces in the Metropolis."

Tuesday, June 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Wednesday, June 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Harveian Oration, by Dr. Chambers.

Thursday, June 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, June 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. N. E. Green, "On Diatom Markings as examined by the Lime Light."

Saturday, June 24.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

TRICHINIASIS.

Mr. A. A. (St. Petersburg) is wrong in supposing that it is only five years since trichiniasis "caused some little alarm and discomfort in Germany." The disease, long endemic in certain parts of that country, rose to a height in 1864, and the importation of pork-sausages into England produced cases enough of trichiniasis to challenge the attention of Mr. Simon, who in that year commissioned Dr. Thudichum to investigate the malady at its source, and to draw up the report which appeared in the Privy Council Blue-book for 1865. Our correspondent complains that the Customs Department at St. Petersburg treat English, in common with German, pork as contraband, even when repeated microscopic scrutiny of the former has attested its soundness, and he asks to know whether any well-authenticated case of trichiniasis ever followed its consumption among ourselves. The English colony at St. Petersburg, he assures us, are much exercised in body and mind for want of a viand always in favour with them; but their frequent and fervid appeals to the Customs Department to withdraw the interdict on their native-fed pork have invariably been met by a counter-appeal to the Board of Health in St. Petersburg, which, in its turn, "is not to be impressed." Our correspondent has much faith in "a certificate from your Board of Health, or any body or person authorised to deliver such, to the effect that no case [of trichiniasis] had with certainty ever become known in the hams or bacon of English-bred and English-fed pigs." Such a document, he adds, "with a Consular attestation of signature, would make me your debtor far beyond the fees expended in its purchase." We hereby invite our readers to come to the rescue of our pork-denied fellow-countrymen in St. Petersburg, who, like orthodox Christians, recalcitrate against this enforced observance of the Mosaic commissariat.

An Intending Lady Graduate.—The "General Committee for Securing a Complete Medical Education of Women," Randulph-crescent, Edinburgh.

EXPERIMENTAL PHYSIOLOGY.

WE have received a second note from *Mr. A. J. Owles* (whose name we incorrectly printed "Fowler" in our Notices to Correspondents for June 3rd), again urging the uselessness and cruelty of performing operations on pigeons and other animals for the purpose of teaching experimental physiology. We can only repeat what we have several times stated, that we consider operations on living and conscious animals are in almost all cases unnecessary for mere class purposes. But our correspondent must be aware that very important information in regard to the spinal cord and sympathetic system of nerves, not to mention other parts, has been gained by carefully conducted experiment; and there is good reason for believing that further information can be gained by the same means, and that by sound teaching in this department the sacrifice of life may be absolutely diminished, instead of being increased, as our correspondent seems to think. Very few men will ever take up practical physiology in after-life, and those who do will proceed from an advantageous standpoint if they have seen the principal operations required to demonstrate the more important facts in physiology performed by a competent man. We are still of opinion that a bird with its spinal cord divided, or when fully under the influence of opium or chloroform, is incapable of perceiving pain, and we ground our opinion on the analogy of the action of these agents on man.

Mr. J. C. Denny.—Our correspondent should join the Poor-law Medical Officers' Association, and obtain a copy of their Reports.

A CASE IN MEDICAL JURISPRUDENCE.

To the Editor of THE LANCET.

SIR,—I venture to send you the following case, condensed as much as possible, thinking it may be of interest to the general reader and the student of medical jurisprudence.

J. S——, aged fifty-three, rather under the middle height, dark hair and eyes, formerly a pilot in the north of England, long resident in the colony, married, several grown-up sons, circumstances pretty easy for a man of his station, a teetotaler, known in the place as a quiet, inoffensive man, living in harmony both with his family and neighbours. He had been employed to superintend a bathing establishment, which is arranged under the deck of the breakwater, at the mouth of a small river which runs into the bay. His duty was to be there every morning before sunrise. The whole valley and mouth of the river is often shrouded in dense mist; a more likely place for the development of malaria could not be. After attending to his duties for some months, he was taken ill, and was treated at the Provincial Hospital for symptoms of fever of a malarious type; irregular shivering, sleeplessness, general pains in the limbs, and enlargement of liver very marked, spleen to a less degree. The only periodicity about his symptoms was that every other night was a sleepless one. He attended off and on for some weeks, was treated with quinine and purgatives, and had hydrate of chloral, which certainly had some influence on the insomnia. However, he did not mend much, got very low-spirited and melancholy, and became, without reason, unnecessarily anxious about his family. One day in December last he and his wife were taking an afternoon nap on the bed, when he suddenly, as she lay asleep, made a deep gash in the root of her neck, about four or five inches long, severing the carotid artery. He then ran out of his house, razor in hand, when he was arrested by a neighbour. He kept crying out, "Oh, my poor wife; she was too good for me; I have sent her to heaven." A friend of mine with a witness went into the house, and saw the poor woman lying dead under the clothes, her arm lying in an unconstrained posture across her chest outside the coverlet; a very large pool of blood in the bed, but the bed and linen quite undisturbed. The woman must have died instantaneously.

J. S—— was tried at the late circuit for murder, was acquitted on the ground of insanity, and is to be sent to the Cape Asylum. At present he affords no evidence of insanity whatever. He is timid in his manner, and cries readily on allusion to his late wife. Strange to say, although formerly for many years a strict teetotaler, he now craves for wine and brandy.

I think the two points of interest in the case are, the fact of insanity supervening on an attack, by no means a severe one, of malarious fever; and the very remarkable absence of any convulsion or struggling on the part of the murdered woman. I may mention that I gave it in evidence that in my opinion the man was suffering from melancholia, with sudden destructive impulse, and that this was brought about by the fever.

In Griesinger on Mental Diseases, published by the Sydenham Society, allusion is made to mania occasionally alternating with intermittent fever. I cannot find any notice of a similar case in other books I have consulted. Accustomed as one is to look upon convulsions as a symptom of rapid loss of blood, as seen in animals which are slaughtered, I am puzzled to account for the placid state in which the woman was found by my friend. Perhaps some of your readers of wider experience may be able to render a reason.

I am, Sir, yours, &c.,

FREDK. ENSOR.

Provincial Hospital, Port Elizabeth, South Africa, May 6th, 1871.

B.—There are four vaccination inspectors, of whom Dr. Seaton is the chief. His salary is £1500 a year, and that of the others is £600 a year, without travelling expenses, which are heavy, as each inspector has to work hard to go over his district in the course of two years.

MOLLUSCUM CONTAGIOSUM.

To the Editor of THE LANCET.

SIR,—I have now under my care a man, his wife, and all their children (five), suffering from molluscum contagiosum. The man had it first, then the children, and lastly his wife. It is worthy of note that the disease began in an adult, which is unusual. Some writers deny that this complaint is contagious; but the manner in which it successively attacked each member of this family points strongly to its transmission by contact.

As molluscum contagiosum, without being very rare, is hardly of everyday occurrence, I have thought you might consider the above account of sufficient interest to secure a corner in THE LANCET.

I am, Sir, faithfully yours,

Stamford-hill, June 5th, 1871. J. MORRIS.

THE MEDICAL RESOURCES OF THE COMMUNE.

"A MEDICAL STUDENT" writes to the *Daily News* some interesting letters on the Commune, in the army of which he held a commission as "doctor." On entering an ambulance near the Porte St. Cloud, he was surprised to find it as well constituted as during the late war—every surgical requisite, bandages, lint, and medicines, being all at hand, with men to carry the wounded and render every kind of aid. The only real want was "doctors." The practitioners of Paris having left before the gates were shut, students in all stages, dentists, and even barbers, took their place, to the great sacrifice of life among the wounded. The details of malpractice given by the "Medical Student" are harrowing—only relieved by his description of the admirable Press Ambulance, which included some distinguished foreign as well as French doctors. His letters, interesting for their political not less than for their professional disclosures, will, we hope, be published separately.

Miss Eliza Foster.—Our correspondent must apply to the individual examining authorities. Unfortunately we have not the power of granting degrees, or we might use it too freely in favour of such correspondents.

DENTAL OPERATIONS UNDER DIFFICULTIES: A LION'S TOOTH DRAWN.

To the Editor of THE LANCET.

SIR,—The rather sensational newspaper reports of the "Pulling a Lion's Tooth," on May 31st, in Manders's Menagerie, now exhibiting in this city, contain some inaccuracies; and as the incident is in itself somewhat remarkable, and, so far as I know, unique, and therefore likely to be picked up and recorded in some scientific publication, it may be well to preserve the main facts.

While in professional attendance on Mr. Manders, the proprietor of the menagerie, my attention was directed to the condition of a vigorous and full-grown male lion, which had latterly "gone off its feed," and become dull in aspect. Noted for its ferocity, it was becoming more than usually liable to sudden outbreaks, was evidently failing in health, and was now refusing food. I saw that there was a swollen condition of the cheek and lower jaw of the right side, and observed that, after any attempt to take food, some blood or bloody saliva flowed from the mouth. I inferred that the encounter with its keeper a few months ago, as described in the newspaper report, had resulted in an injured tooth or jaw. After puzzling for a day over the problem how such an animal could be safely handled, Mr. Manders made the arrangements described in the newspapers, and otherwise made as much provision for privacy, or the exclusion of ordinary visitors, as a menagerie would admit. The fastenings, which, in the absence of all similar experience, seemed well enough devised, proved, however, to be insufficient for safe or comfortable procedure on the part of an operator. The looped cords which secured each forepaw of the lion were fastened outside separately, and at some distance from the bars of the cage, and thus the forepaws could be protruded beyond the bars, or withdrawn within the cage, over a range of about eighteen inches, according as the animal assumed the standing or the prone position, and the two ropes (with a knotted noose to prevent the beast from being strangled) were held outside by the keepers; the result being that the animal could sway its head from side to side at least a couple of feet. The latitude of movement possessed by the animal will be best understood when I state that, although it was unable to withdraw its head from the reach of my arms extended within the bars, it was, nevertheless, able during its tremendous contortions to toss its head about, twitching to and fro, like feather-weights, the men who held the ropes, and was also able at one moment to rear itself to full height, and the next to cast itself prone on the belly. It was, therefore, only by quick movements and exceeding watchfulness that my manipulations within the lion's mouth were effected. Provoked to make snarling, open-mouthed manifestations of rage by the squirting of a garden-pump, the animal's mouth was easily and effectively washed, and then a thick and strong pitchfork-handle was presented obliquely and transversely upwards, so that when the brute made a snatch, the end only of the pole was seized by the molar teeth of the left side, the animal's line of vision being thus directed upwards, and to the left side, thereby enabling the movements of my hands on its right side to be screened in a great measure from its view. While the beast was gnawing with an unsatisfactory oblique leverage the end of the pole, I was busy exploring the jaw and gum of the right side. The lion seemed unconscious of my manipulations, or probably thought my hand a portion of the same offending agent on which it was at the moment venting its rage, and I soon found, on pressing each tooth firmly, that the posterior molar of the lower jaw yielded a very little, while at the same instant the animal winced, and withdrew its head with a sudden fierce cry. Thus satisfied of the diseased state of the tooth, I proceeded to extract it. During the operation the pitchfork was presented and grasped many times, my instruments were changed several times, and there occurred more than one rather dangerous "slip" before I succeeded in obtaining a secure hold, the difficulty in procuring a sufficient grasp being greatly increased by the very much swollen condition of the gum. The animal's struggles now became frightfully violent; it seemed possessed by a perfectly maddened frenzy of rage, and its lithe sinewy body assumed a hundred indescribable positions. The difficulty of following and adapting my own movements and efforts was correspondingly great; for I was determined not to let go my hold, feeling assured that I would not *try* to get another. At one time I was so far thrown off my balance (I was standing on the bottom of a large inverted tub) that I relinquished for a moment the grasp of my left hand, and caught hold of the nearest support, which unluckily chanced to be a bar of the cage occupied by a large Polar bear, but from whose clutch I was made safe by the watchful solicitude of Mr. Manders, who stood close by me. I felt assured that so long as I maintained my hold of the tooth there was little risk; for the same instinctive action which prevents a man closing his teeth on the dentist's tool seemed to influence the brute. Ultimately the tooth was extracted *entire*, and not broken, as erroneously stated in the newspaper report. There were two fangs, the posterior one being encrusted on one side to the extent of half an inch with fresh periostitic exudation, showing that severe alveolar periostitis existed. The animal now lay or sank down in perfect quietness, partly it may be from relief, but chiefly, I think, from utter exhaustion, and I was thus able with comparative ease and safety to make a deep and free incision from the outside through the swollen integuments and flesh down to the bone of the lower jaw, and to pass my finger and a probe into the wound. The bone felt bare at one point to an extent of half an inch, but was not loose, and did not feel dead to the probe. At the same time some pus exuded, and, thinking it likely that an alveolar abscess had now got vent, I did not continue further operative proceedings. In this resolution I was confirmed by the opinion of my friend Mr. Thomas Smith, surgeon, who aided me, and who also examined the jaw with a probe.

The fastenings were now cast loose, and the lion gradually recovered from its prostrate condition, and within a few hours was able to lap some beef-tea and claret. On the second day a free discharge of pus took place from the incised opening, and the external swelling rapidly abated. On the third day it devoured with ease, and with greedy relish, pieces of bullock's heart, sheep's liver, and other esteemed delicacies, and at the present time it has so fully regained its accustomed vigour and ferocity that a perfect cure may be hoped for. Some petty fragments of exfoliated bone may come away, but I anticipate nothing worse.

I am so thoroughly satisfied with my experience of this particular case that I mean to repose on my laurels, and to cultivate no further this class of patients. I entered on the undertaking rather unthinkingly, and somewhat tickled with the novelty of the notion. I have succeeded; but I cannot say, with Androcles, that I have drawn towards me the gratitude of my patient; for only this day, on recognising me, he sprang from the back of his den against the bars, through which I was intently peering, with such a sudden, powerful bound and ferocious yell, that I almost tumbled backwards in a panic state of fright, exceeding anything I felt during my half-hour's benevolent exertions for his relief.

Yours truly,
Glasgow, June 3rd, 1871. JAMES ADAMS, M.D.

Frampton-on-Severn.—We confess that a circular forwarded us by a correspondent is far from being to our taste; but we do not suppose that anything we could say would prevent the practice of issuing such productions.

VACCINATION IN HOLLAND.

To the Editor of THE LANCET.

SIR,—I have read in your number of May 13th, 1871, your remarks on the "Public Health," and have noted the following statement on page 661:—"In Holland, it is said, a very strong prejudice exists against vaccination."

Many readers of this statement will, perhaps, make the inference that the medical men in Holland are either to be blamed for want of activity in spreading far and wide the blessings of vaccination and revaccination, or that they do not believe in the efficacy of the said operations in preventing small-pox.

Allow me to assure you that by far the greatest part of the medical men in Holland are very zealous in performing vaccination, and that they are very unanimous in recommending to the public primary vaccination, and revaccination after a lapse of six or seven years. Of course they find it difficult to persuade the public to submit so often to the operation. In these cases they recommend the performance of revaccination at least once after the age of puberty has been attained. It is a deplorable truth that still in Holland, as well as in England, some, be it ever so few, medical men are found who do not open their eyes to the indisputable fact that, accurately performed and often enough repeated, vaccination is an absolute preventive against this most horrid of diseases. Among part of the public a prejudice exists, it is true; not in consequence of doubt in the efficacy of vaccination, but in consequence of morbid religious scruples.

The principal cause why vaccination in Holland is not performed as generally and as extensively as the medical men desire, and why small-pox makes such a sad havoc amongst us, is the total absence of any compulsory vaccination law. I am convinced that if such a law existed in Holland, it would be strictly and rigidly enforced, and then in time, not far distant, small-pox would be stamped out of our country; notwithstanding, I ought to assert as my conviction, that as soon as a compulsory law is passed, an Anti-Vaccination League will arise in the same manner as in England.

My own observations are in strict accordance with those which I found on several occasions noted in THE LANCET. In my rural practice, which extends over a population of nearly 3000, only four persons succumbed to small-pox. These four were all adults, and none of them had submitted to revaccination; two of these four were never vaccinated.

I am, Sir, yours faithfully,
Abcoude, near Amsterdam, June, 1871. DR. H. P. VIAPTEYN.

Pomum Adami, (St. Austell.)—Cooley's Dictionary of Practical Receipts (to be had through any bookseller) will, doubtless, meet our correspondent's wants.

WOUNDS OF PERITONEUM.

To the Editor of THE LANCET.

SIR,—The very interesting reports in your impression of June 10th by Dr. George Buchanan and Mr. Rendle, illustrative of the occasional successful result of wounds of the peritoneum either by operation or accident, remind me of a case occurring several years since in my own practice, which, although by no means to be compared as regards extent with these cases, may serve as an encouragement for the performance of gastrotomy in cases where all other hope of saving life is lost.

A man, whilst grinding his scythe, by some accident slipped and fell against the point, which penetrated the walls of the abdomen in the epigastric region, just opposite the seventh or eighth costal cartilage, rather to the left of the mesial line. I saw him very shortly, and found a clear, incised, transverse wound, about two inches long, which had ceased bleeding, although hæmorrhage had been pretty free at first. The man was depressed and anxious, but not in much pain; pulse weak. I introduced my finger, and could feel the pulsation of the heart through the diaphragm, and also the stomach (filled with food, which had been taken an hour before), also the liver. No injury had been sustained by any of these organs. I brought the edges of the wound together accurately with steel pins, carried deeply so as to ensure apposition of the cut edges of the peritoneum, and secured them by silk and lint, just as in operation for hare-lip—a plan, by the way, I almost invariably adopt in dressing wounds requiring such adjustment, and thereby saving the patient the pain of at least double the number of sutures; the pins, moreover, forming an excellent medium for keeping the dressing in apposition, and any irregularities are easily rectified by a little careful management in twisting the silk round the pins. I kept the patient in bed, and gave him some opium. At the end of three days perfect union had taken place; not a symptom of peritonitis had occurred, and at the end of a week he resumed his work.

I am, Sir, yours faithfully,
Cerne Abbas, Dorset, June 13th, 1871. J. BOWEN, L.R.C.P. Lond.

POOR-LAW MEDICAL OFFICERS, SCOTLAND.

Delta.—There are no official regulations for the payment of fees for extras in Scotland, and different arrangements prevail. For the most part the salary covers all work done for the parochial district of which the medical officer has charge; but in the event of a certificate of lunacy being required for any person not belonging to the district, then a fee of one guinea is allowed, which is charged to the parish to which the patient belongs. In the larger towns the surgical cases are sent to the Public Hospital, and in Edinburgh midwifery cases are attended in the poor-house by a resident medical officer, and in their own homes by students and nurses from the Maternity Hospital. The Poor-law medical arrangements in Scotland are by no means satisfactory; and if there had been, as there should be, a Poor-law Medical Officers' Association (similar to that which exists in England) in Scotland, some effectual representations might have been made to the Committee now sitting on the Scotch Poor Law.

"A CURIOUS CASE."

To the Editor of THE LANCET.

SIR,—Medical men are to a certain extent stewards, entrusted with the management of the health of the nation, and, like them, should give an account of their stewardship, if not regularly, at any rate when "curious cases" arise, and when found should be made a note of. If this were done, and medical men interchanged their ideas more frequently, many of our apparently "curious cases" would be resolved into plain, straightforward signs, symptoms, and results. Now for my case.

About a fortnight since I was called to a farmer's son in this neighbourhood. On arriving at the house, and proceeding up-stairs, I found a young deaf and dumb man in bed, healthy looking, about twenty-three years of age, making strange movements, turning rapidly round from right to left. My restraining him caused him to continue the same movement with his head. On inquiry I learnt that the same day he had passed through three successive epileptic fits of more than usual severity, leaving a queer sensation over and in the eyes. This alone did not attract particular attention; but at tea-time his fixing his eyes on one particular spot, and, after continuing in this way some considerable time, beginning to rotate his head, did cause attention. He was soon placed in bed, and I was sent for. On his mother asking him by my desire where his pain was, he replied by spelling the word "Jack." Again asked, he repeated the same word. After a time, the rotatory movement still continuing, he was asked if he had any pain. This time the word "waggon" was spelt. I found he could not express his ideas, if he had any; but he would shake my hand feelingly, and cry. He then spelt "going to heaven"; so that some things he could make known, but apparently had not the power of comprehending questions asked, although he frequently put his hand to his mouth and ear, signifying his inability to speak and hear, all this time the rotatory accompaniment continuing.

Well, what was to be done? I gave him a strong aperient pill. He placed it on his tongue, quickly followed by a mouthful of water, which he with apparent difficulty swallowed; but after a time the pill was taken out of his mouth almost in the same condition as when introduced, except softer. I tried cold to the head, with the result of increasing the rotatory motion, so I quickly discontinued it. After an hour I left him, and sent back a mixture containing fifteen-grain doses of bromide of potassium, with half-drachm doses of tincture of hyoscyamus, eight-drop doses of tincture of digitalis, and the same of tincture of antimonial wine every four hours; also a pill containing a grain of opium, but this he did not take. In the morning I again saw him, but found him no better. A consultant was called in, and suggested an increase of the dose of the bromide to a scruple; this was agreed to, but with little apparent result. In the evening he became worse, and the opium pill was administered. He slept soundly all the night and most of the next day, and about three days from this date was well and out about the farm.

Now as to the cause. My recollection of physiology at once led me to refer the disease to the brain and to the pons or cerebellum on seeing the peculiar movements. This was rather strangely confirmed by the father, who remarked that "he was like a fowl knocked on the head, but not killed outright." Epilepsy, so someone says, is either the cause or the result of degeneration of the medulla (albuminoid or otherwise), caused by the constant and repeated congestion of the bloodvessels of that part during the fits. Now it may be very easily imagined that the basilar artery or some of the numerous transverse branches, or perhaps one of the four cerebellar arteries, may have become over-distended from the congestion during the three fits, and either ruptured or allowed an effusion of fluid through its coats, and consequently pressure on the pons Varolii, lying as these arteries do on that body, and pressure on this would at once satisfactorily account for the strange movements.

Your obedient servant,
Skirlaugh, Hull, June, 1871. VACY ASH, M.B., &c.

Jurenis.—We believe that by adopting a so-called "general treatment" great mistakes will arise. Individual cases, like the individuals themselves, possess some distinctive features that must not be lost sight of. Where the diarrhœa is of "irritative" character, a combination of castor oil and opium answers well. The sulphuric-acid treatment is, according to our experience, very useful in cases of the so-called summer diarrhœa, which, left to itself, will induce symptoms resembling in many respects those of true cholera.

Veritas, (Hyde, Cheshire.)—We are unable to say.

INSTRUMENT FOR SKIN-GRAFTING.

To the Editor of THE LANCET.

SIR,—Respecting the note of Dr. Macleod, I can safely say that when Mr. Cripps suggested to me in February last the desirability of constructing an instrument for skin-grafting, I was not aware that any instrument had been already made for that purpose. It is quite possible that the same idea may have struck two individuals; but of this you may be sure that I had not seen, nor was I aware that any instrument had been made for the purpose when mine was tried and used successfully at St. Bartholomew's Hospital in March, a month before the publication of Dr. Macleod's description in the *British Medical Journal* of April.

Yours obediently,
Giltspur-street, June 12th, 1871. JOHN FERGUSON.

SCARBOROUGH DISPENSARY AND ACCIDENT HOSPITAL.

It has been suggested that our report (which, by the way, was *official*) of the appointment of Mr. Calantarients as house-surgeon and secretary to the above institution (May 20th, p. 701) made it appear that that gentleman stood second to Mr. Millson, and obtained the appointment by the latter declining it. The facts are, that Mr. Millson was elected house-surgeon and secretary to the Scarborough Dispensary and Accident Hospital, and assistant medical officer to the Middlesex Lunatic Asylum, Colney Hatch, about the same time, in April. He decided to retain the latter appointment, upon which another election was necessary at the Scarborough Dispensary, when Mr. Calantarients was appointed. He was not a candidate on the previous occasion.

Sarnia is referred to the advertising columns of THE LANCET of June 3rd last.

DR. WILKS ON APHASIA.

To the Editor of THE LANCET.

SIR,—My attention has been called to a paragraph in Dr. Wilks's interesting paper on Nerve Pathology in the last volume of "Guy's Hospital Reports," in which he does me the honour to allude to me; but as he makes me say the very reverse of what I intended to say, and of what I really did say, and as anything emanating from Dr. Wilks is sure to be widely circulated, I feel it my duty to point out the error into which he has fallen.

At page 179 of the "Reports," Dr. Wilks says "he finds in Dr. Bateman's work on Aphasia a disposition, if not an actual intention, to controvert the opinion of those who maintain that aphasia is usually found in connexion with right hemiplegia."

At page 153 of my work, after a criticism of M. Dax's theory, which places the seat of speech in the left hemisphere, is the following paragraph:—"Notwithstanding numerous and well-authenticated exceptions, it must be conceded that in a vast majority of instances loss of speech occurs in conjunction with right hemiplegia."

It will thus be apparent that Dr. Wilks has credited me with views the very reverse of those I hold; and as this question of the localisation of speech is involved in so much obscurity, I cannot allow a misinterpretation of my views by so eminent an authority as Dr. Wilks to remain uncontradicted.

I am, Sir, yours, &c.,
Norwich, June 9th, 1871. F. BATEMAN, M.D.

Dr. Stephen Duke, of Langton-place, Vassall-road, North Brixton, begs us to state that he is not connected in business with Mr. Benjamin Duke, who was so severely censured at the Central Criminal Court by the jury for his conduct as a medical man in the case of Tregellis.

Mr. W. F. Hartshorn has, in our opinion, serious grounds of complaint against the guardian who signed the medical certificate in the case named. Mr. Hartshorn was the proper person to be called upon to certify, and it is not usual for guardians to interfere in such cases.

IRON-ALUM AS A HÆMOSTATIC.

To the Editor of THE LANCET.

SIR,—I beg to bring under the notice of the profession a most powerful hæmostatic in the form of the chemical preparation known as iron-alum. A strong solution of this salt in glycerine is admirably adapted for the arrest of continued profuse bleeding, where there is no large vessel to be seen and secured by means of the ligature or by torsion. For hæmorrhage from the gums, it may be applied in powder upon a piece of surgeon's lint; while epistaxis may be checked by stuffing the nostrils with lint soaked in a saturated solution of this preparation. Of course it is not suitable for arresting hæmorrhage from vessels much above the size of capillaries; but by this capillary hæmorrhage a patient may lose a large quantity of blood, which in a person below the standard of health is deleterious, if not dangerous. When incisions are made into congested parts, we have often a great deal of capillary bleeding, which the preparation in question is eminently fitted to control. Internal hæmorrhages may be treated with iron-alum with advantage, particularly gastrorrhagia and enterorrhagia, as well as bleeding from the rectum, where it is to be used as an injection. In these last cases it is advantageously combined with some of the preparations of opium.

It may be that iron-alum will be another antiseptic. For this purpose I have not had sufficient experience of it to speak.

I am, Sir, sincerely yours,
June 1st, 1871. M.B. & C.M.

Mr. James Meyer.—Premising that answers to leading, and in some degree one-sided, questions must be taken with some qualification, we give the following replies to the queries in order:—1. It is neither right nor professional.—2. It is quite legal.—3. The procedure is not dignified.—4. There would be difficulty in answering the question.—5. We would regard with very qualified admiration the practitioner who thought himself distinguished by a "thorough knowledge of diseases of every kind," and on that account more eligible than his neighbours.

Capt. England, (Ipswich.)—Thanks. It is contrary to our practice to comply with our correspondent's request.

TREATMENT OF ULCERATION OF CERVIX UTERI.

To the Editor of THE LANCET.

SIR,—In your notice of M. Desprès' work on Ulceration of the Cervix Uteri, you have mentioned the "plug." This method of cure has been in constant use at the Male Lock Hospital for some time past. They are made without the gauze covering, and have this advantage: Before inserting the plug, it was customary to tear open the larger end, so as to slightly expose the drug contained in the wool; by this means the tannin or other medicament came into actual contact with the ulcer. We always had ready plugs containing tannin, acetate of lead and opium, sulphate of copper, and alum. Cauterisation with the solid nitrate of silver always preceded the introduction of the plug. In conclusion, I may say I hardly ever saw a case fail to be rapidly cured.

Yours faithfully,
June 11th, 1871. A LATE HOUSE-SURGEON.

HYGIENE IN HORSE-RACING.

THE successes of Baron Meyer de Rothschild on the turf at Epsom and Ascot receive in *The Times* of Saturday a partial explanation which must be gratifying to the sanitary reformer. Among those who train horses at Newmarket, the Baron stands alone in having his stables thoroughly drained. To this sanitary precaution (says the sporting critic of the leading journal), which is considered indispensable in every well-regulated hunting stable, but which is generally neglected in racing stables, "some share in the health and condition of his horses may be fairly attributed."

A Student will find the desired information presented very clearly in Dr. Aitken's work on the Practice of Medicine.

DEAFNESS IN DIPHTHERIAL PARALYSIS.

To the Editor of THE LANCET.

SIR,—Allow me to add a case to that related by Dr. Thompson in your issue of June 3rd.

An old patient of mine, residing in Camden-town, during my absence from London, was suffering from sore-throat and difficulty of swallowing, which was followed in a short time by deafness, inability to use her right hand in writing, and numbness down the right side, which interfered with her walking. She was attended by a medical man in the neighbourhood; but not regaining her strength, she consulted Dr. G. Johnson, who, upon seeing her, exclaimed, "You have been suffering from diphtheria!" She was greatly surprised at this, as her medical attendant had not informed her that she had anything more than an ordinary sore-throat.

On my return to town three months after, I was consulted for the following symptoms:—Deafness, especially in the right ear, slight difficulty in swallowing, and numbness of the right side. She improved greatly under quinine and iron, but remained still rather deaf.

Last summer I attended her in an attack of scarlet fever, from which she made a good recovery, regained her hearing, and lost all traces of paralysis.

Yours truly,

Caroline-street, Bedford-square, June 8th, 1871. J. COLLINS.

Mr. J. P. Huggins, (Trinidad.)—The details of the case are, we fear, too meagre for anyone to determine its nature, and we scarcely think one case sufficient to enable a pathologist to pronounce a positive opinion as to the identity of the two diseases referred to by our correspondent.

Dr. W. A. Greenhill, (Hastings.)—Such a communication is always welcome. It will be used next week.

ON DIGITAL EXAMINATION OF THE OS UTERI, ETC.

To the Editor of THE LANCET.

SIR,—During the twenty years I have been connected with the Cancer Hospital, I have had occasion to ascertain the condition of the uterus and pelvic cavity per vaginam many thousands of times. In nineteen cases out of twenty I have done this by digital examination, and in the few instances in which I thought the introduction of the speculum advisable, I have rarely gained much additional information. Slight ulceration of the os may, I think, sometimes be detected with the instrument where the sense of touch would not do so; but the true use of the speculum is in the facility it gives us for making any application to the uterus we may desire, or where operation on that organ is necessary. My late father taught me the use of my finger in these examinations years ago, and very rarely used the speculum. While, therefore, I agree with Dr. G. Hewitt on the great importance of digital manipulation, I am quite sure he is wrong in asserting that this method has been neglected. Yours obediently,

Lincoln's-inn-fields, June 7th, 1871. ALEX. MARSDEN.

A Young Practitioner.—We agree with our correspondent in thinking that it is sufficient in such cases for a medical man to decline to enter into any propositions of the kind.

Dr. Spencer Ferris (Uxbridge) has omitted to send the middle sheet of his MS. If he will kindly forward this so as to complete his notes, they shall appear.

ADMINISTRATION OF CHLOROFORM.

To the Editor of THE LANCET.

SIR,—Many have an idea that a handkerchief or lint is less dangerous as an administering agent than an inhaler. Dr. Woodward may be correct in doubting this, but he is not so in considering all cases of death as connected with their use. They have been so much more used than an instrument, however, that of late years there would be a seeming justification of your correspondent's opinion, without there being really any greater safety in the use of one more than the other. Anyhow, the only case of death under chloroform which has occurred in my practice was a few months ago, when I removed the thigh and leg of a railway man under chloroform administered from an inhaler by a careful and experienced hand. An instrument was used in this case, and not either a handkerchief or lint; so "unexceptional" is too strong a term, and so I believe would "almost" be too.

I remain, Sir, yours truly,

June, 1871. F.R.C.S.I.

Longe est Injuria.—After perusing our correspondent's communication, we have come to the conclusion that its insertion in our columns in its present form would not be likely to serve the purpose he has in view.

ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—I am glad to see the mode of election at the Royal Medical Benevolent College called in question in your columns. I have never been a subscriber, and probably never shall be, so long as the present system is carried on. In my humble opinion, the only way is for the Council to forward a list, with full particulars of each candidate, and also to *make canvassing a disqualification*. A *poor* candidate would then have a chance. At present only those in easy circumstances have any reasonable probability of election. If the Council lost some subscribers by this course, I am persuaded they would gain many, and amongst them, ONE WHO WISHES CHARITY TO BE

Driffield, June 10th, 1871. MORE THAN A NAME.

J. M. W., (Horingham.)—We confess that we do not approve of the practice, and we think our correspondent would do well to act on the advice of that practitioner who dissuades him from issuing the document in question. From the spirit exhibited in our correspondent's communication, we feel sure that he would hereafter regard it as wanting in professional dignity if he acted otherwise.

Mr. John B. Gill.—The statement to which our correspondent refers was made by the late Prof. Syme in a letter which appeared in THE LANCET of January 8th, 1870.

LONG IMPACTION OF FOREIGN BODIES IN THE NARES.

To the Editor of THE LANCET.

SIR,—The annexed cases may be useful at least to some of the junior members of the profession. If you deem them sufficiently interesting from the length of time during which they were unsuspected, I shall feel obliged by their insertion.

A. B——, aged three years and a half, after nine months' unsuccessful treatment for ozæna, came under my father's notice in September, 1857. There was then much offensive discharge from the right nostril, and careful probing revealed a foreign body, which was soon extracted with an ordinary director scoop, and proved to be a common hemispherical glass shoe button. Behind this a good-sized bugle bead had been first concealed, and immediately descended on the removal of the button.

R. S——, aged five years, came under observation in March, 1871, for long-standing ozæna of the left nostril. A rough body, giving the sensation of dead bone, was detected by the probe on the floor of the inferior meatus, surrounded by inflamed and raised mucous membrane. Bearing in mind the preceding case, a strict search was made; a common dress-hook, with the lacquer corroded and roughened, and which had been lost for more than two years, was removed by the loop end of a hair-pin.

Yours faithfully,

East Rudham, June 13th, 1871. A. R. MANBY.

Sir J. G. T. Sinclair.—We are not in a position to contradict the rumour of the prevalence of small-pox or fever at Homburg, but do not believe it.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. B. Holt; Dr. E. A. Parkes; Mr. Spencer Watson; Mr. Lomas; Dr. Brushfield; Mr. Gayton; Mr. Fowler; Mr. Gaul, Ottawa; Mr. Weekes; Mr. Denny; Dr. Ash, Hull; Miss Eliza Foster; Mr. Wordsworth; Mr. Henry, Eltham; Mr. Wood; Mr. J. Ferguson; Dr. Coombs, Castle Cary; Mr. W. Bancks; Dr. Keyworth, Birmingham; Dr. Carran; Mr. Peters, Cheltenham; Mr. Crane, Newport; Mr. Hodson, Bognor; Mr. I'Anson; Mr. Griffiths, Castlebar; Mr. Pink; Mr. Hayden, Mallow Poorum; Mr. Clarke, Douglas; Mr. White; Mr. Brown, Alcester; Dr. Bateman, Norwich; Mr. Bedford; Dr. Althaus; Mr. Banks, Holt; Mr. P. Smith; Mr. West, Huntingdon; Mr. J. Evans, Tenterden; Dr. Huggins, Trinidad; Mr. Eaton, Wrexham; Dr. Morris, Spalding; Mr. Lee; Mr. Gream; Mr. J. Chater, Darlington; Mr. Perry, Colchester; Dr. Kramer; Capt. England, Ipswich; Dr. Enser, Port Elizabeth; Mr. Hodge; Dr. Hogg, Woolwich; Dr. Callaghan, Cork; Mr. MacCulloch, Edinburgh; Mr. Parker, Bath; Mr. E. Anderson, Manchester; Mr. Martin, Dover; Mr. Thomas; Mr. Crisp; Mr. Francis, Frome; Mr. Haines, Shifnal; Mr. Walter; Mr. Morris, Bedford; Mr. J. Edwards; Mr. Watts; Mr. Blaine, Coggeshall; Mr. Collins; Mr. F. Ferguson, Bolton; Dr. Sutcliff, Ripley; Mr. Calantarients, Scarborough; Dr. Farquharson, Berlin; Mr. Manby, East Rudham; Dr. Ferris, Uxbridge; Mr. W. Petter; Mr. Myers; Dr. Dickson, Buxton; Dr. Molony, Kilrush; Mr. H. Morgan; Dr. Viapteyn, Alcondi; Mr. Chesney; Mr. Etches, Helperley; Mr. Staff, Wadebridge; Mr. Segrave; Dr. Ewens, Cerne Abbas; Mr. Wilson, Uppingham; Mr. Whitwell; Mr. Stewart; Mr. Harper, New York; Mr. J. Steel, Chepstow; Mr. W. Lister; Mr. Holton, Ormskirk; Mr. O'Meara, Carrickfergus; Mr. Wood, Peel; Dr. Waters, Chester; Mr. E. Temple, Barmouth; Mr. Symons, Leigh; Mr. Lettis, Godmanchester; Mr. Brown, Brighton; Mr. Cummings; Dr. Duke; Mr. Roberts, Faversham; Mr. J. Birtwhistle, York; Mr. Jones, Ruabon; Mr. Ray, Stafford; Mr. Heycock, Bridgnorth; Mr. Reynolds; Rev. G. Carson, Liverpool; Medicus; W. A. G.; J. B. G.; Pomum Adami; One who wishes Charity to be more than a Name; S. F.; A late House-Surgeon; Juvenis; A Young Practitioner; T. M. W.; J. B.; Sarnia; Fortunatus; G. G.; C. D.; A. B.; Student of Physics; Philos; M.R.C.S.; A Constant Reader; &c. &c.

Washington National Medical Journal, Bradford Daily Telegraph, Preston Guardian, Naval and Military Gazette, Allahabad Pioneer, Yorkshire Post, Saunders's News-Letter, Graaff Reinet Herald, Pulman's Weekly News, Parochial Critic, Liverpool Mercury, Edinburgh Evening Courant, Waterford Chronicle, and *Berwick Journal* have been received.

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